

Michigan Suicide Prevention Resource Directory



First Edition—June 2006



Michigan Suicide Prevention Resource Directory

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Disclaimer

This directory is for information purposes only. Inclusion of a program/organization in this directory does not constitute endorsement or support of that program/organization by the Michigan Department of Community Health, Michigan Public Health Institute, or Michigan Suicide Prevention Coalition.

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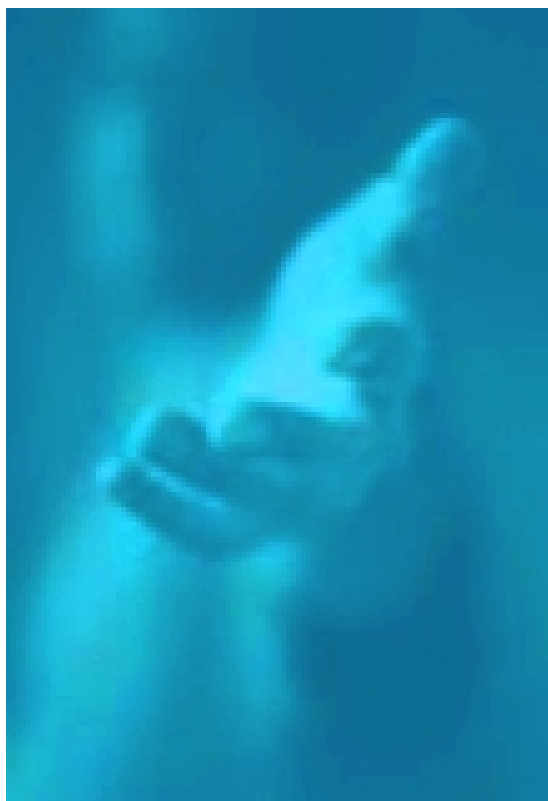
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Introduction



Michigan Suicide Prevention

As you are likely aware, suicide is a critical threat to the public's health, particularly in Michigan. From 2001 to 2002 alone, Michigan moved six spots (from 38th to 32nd) in the rate of suicides in the population compared to other states (with the state in 50th place having the lowest rate).

Almost five times as many suicides occur each year in this state as deaths from HIV/AIDS, and over one-and-a-half times more suicides than homicides take place annually.

In 2003, the Michigan Suicide Prevention Coalition (MiSPC) was formed to draft a plan intended to reduce the incidence of suicide in the state by 20% over the next five years.* The MiSPC has a broad-based membership including public and private organizations and agencies, foundations, individuals involved in suicide prevention, survivors (those who have lost a loved one to suicide), and professionals from around the state.

The State's Surgeon General released the final plan in September 2005. It reflects the input of many people from across the state, and incorporates some of the work from the state's initial attempt in the 1990s to develop a plan. It is based on the most valid information available about how to reduce suicide deaths and attempts using a community-based, public health approach.

The goals of the *Suicide Prevention Plan for Michigan* are to increase awareness across the state, to develop and implement best clinical and prevention practices, and to advance and disseminate knowledge about suicide and effective methods for prevention.

MiSPC members are very aware of the scarcity of state resources and strongly believe that because there are limited resources and funds available for suicide prevention, it is imperative that Michigan's suicide

* full text of the *Suicide Prevention Plan for Michigan* is available at www.michigan.gov/injuryprevention

prevention community works collaboratively with state government and agencies to implement the suicide plan statewide.

As a result of the state plan, the Michigan Department of Community Health (MDCH) has initiated development of the Michigan Suicide Prevention Program.

To facilitate an understanding of current collaborative suicide prevention efforts around the state, the first step of this program was to conduct a brief survey of suicide prevention organizations, agencies, and programs.[†]

This report includes the results of the survey and also details suicide data and data sources available for Michigan.

This on-line directory will be updated regularly to reflect the most current information available. If you would like your organization or program listed in the directory, or if you know of information that needs to be updated, please contact Steven Korzeniewski, project coordinator, at KorzeniewskiS@michigan.gov or (517) 335-8514.

[†] Survey Methodology is discussed in Appendix B

Summary Results



Summary Results

A total of 118 respondents participated in the statewide survey; 43% characterize themselves as working for an organization, 20% work within a specific suicide prevention program (which may or may not be within an organization), and 37% classify themselves as working with neither an organization nor a program. The latter classification consists of coalitions, schools, or agencies that feel they are not adequately described as an organization or program.

Suicide Prevention Organizations

Among the 63 identified organizations, few (11%) are chapters of national organizations. Chapters of state organizations are more common (33%) in this group. Approximately 10% of the organizations serve the entire state of Michigan; most serve multiple counties or regions.

The majority (78%) of organizations have been in existence for 16 years or more. Nearly 40% indicated they participate in a coalition working on suicide prevention.











Public not-for-profit organizations are the most common organization type (28.6%), followed by county agencies (19%). (Table 1)

Table 1: Organization Types

19. Type of organization:		
	Response Percent	Response Total
State agency	11.1%	7
County agency	19%	12
Public Not for profit agency/ organization	28.6%	18
Private agency/organization	9.5%	6
State Contractor	0%	0
Coalition	11.1%	7
College/University	3.2%	2
School	7.9%	5
Other (please specify)	9.5%	6
Total Respondents		63

The majority of organizations receive funding from state government. Federal and county governments, as well as grants, are also substantial sources of financial support. (Table 2)

Table 2: Organization Funding

20. Organization Funding Sources: (check all that apply)		
	Response Percent	Response Total
Federal government 	49.1%	28
State government 	64.9%	37
County government 	49.1%	28
School District 	5.3%	3
Fundraising/Donations 	33.3%	19
Membership Dues 	8.8%	5
Fees for Service 	31.6%	18
Grants 	49.1%	28
No funding 	8.8%	5
View Other (please specify) 	8.8%	5






The primary suicide prevention activities that organizations are most commonly engaged in are suicide education and raising public awareness. (Table 3)

Table 3: Primary Suicide Prevention-Related Activities of Organizations

21. Primary activities your organization is involved in: (check all that apply)		
	Response Percent	Response Total
Clinical services 	43.1%	25
Crisis intervention 	53.4%	31
Survivor support 	32.8%	19
Depression Screening 	29.3%	17
Gatekeeper training 	24.1%	14
Primary prevention 	53.4%	31
Public Awareness/Education 	69%	40
School based programming 	36.2%	21
Advocacy 	55.2%	32
Research 	5.2%	3
Surveillance 	6.9%	4
View Other (please specify) 	29.3%	17
Total Respondents		58

Most organizations (58) indicated they currently collaborate with others around the issue of suicide. The majority (48%) collaborate with multiple agencies. (Table 4) Common collaborative partners include: schools, hospitals, religious groups, community groups, and the private sector. Nearly all of the organizations (90%) are interested in further collaboration.

Table 4: Collaboration Initiatives

24. Does your organization collaborate with others in your community around the issue of suicide prevention? (if more than one- list in the 'other' category)		
	Response Percent	Response Total
Does not collaborate 	15.5%	9
Public Health 	5.2%	3
Police/Law Enforcement 	8.6%	5
Mental Health 	22.4%	13
View Other groups or agencies (list up to 5) 	48.3%	28
Total Respondents		58

Among those interested in further collaboration, the most common request was for assistance with educational resources, followed closely by financial development. (Table 5) Interestingly, among those who had resources to provide others, training and educational services were most commonly cited.

Table 5: Organization Needs and Resources Related to Collaboration Around Suicide Prevention



















26. If yes to Question 25, mark needs:			
		Response Percent	Response Total
Educational resources		67.4%	31
Crisis services		30.4%	14
Data collection		39.1%	18
Data analysis		34.8%	16
Finacial development		60.9%	28
Public Relations		34.8%	16
Advocacy		28.3%	13
Training		41.3%	19
View Other (please specify)		8.7%	4
Total Respondents			46







Table 5: continued

27. If yes to question 25, mark resources you could provide:			
		Response Percent	Response Total
Educational resources		63.2%	24
Crisis services		42.1%	16
Data collection		26.3%	10
Data analysis		15.8%	6
Finacial development		7.9%	3
Public Relations		34.2%	13
Advocacy		57.9%	22
Training		68.4%	26
View Other (please specify)		5.3%	2
Total Respondents			38

Suicide Prevention Programs

Most (67%) of the suicide prevention programs were either county agencies or public not-for-profit programs. (Table 6)









Table 6: Program Types

51. Type of program:		
	Response Percent	Response Total
State agency 	6.7%	1
County agency 	33.3%	5
Public Not for profit agency/ organization 	33.3%	5
Private agency/organization 	6.7%	1
State Contractor	0%	0
Coalition	0%	0
College/University 	13.3%	2
School 	13.3%	2
Other (please specify)	0%	0
Total Respondents		15

Of the 15 responding programs, two provided services to the entire state, while the rest provided services to one or more counties. While three of the suicide prevention programs were chapters of state organizations, none were chapters of national organizations.






More than half (53%) of the suicide prevention programs participate in a coalition working on suicide prevention and most receive funding from state government. (Table 7)

Table 7: Program Funding

52. Program Funding Sources: (check all that apply)		
	Response Percent	Response Total
Federal government 	20%	3
State government 	66.7%	10
County government 	26.7%	4
School District	0%	0
Fundraising/Donations 	33.3%	5
Membership Dues	0%	0
Fees for Service 	13.3%	2
Grants 	33.3%	5
No funding 	6.7%	1
View Other (please specify) 	26.7%	4
Total Respondents		15





The most common activities the suicide prevention programs engage in involve primary prevention, public awareness, and education. (Table 8)

Table 8: Program Primary Activities

53. Primary activities your program is involved in: (check all that apply)		
	Response Percent	Response Total
Clinical services 	26.7%	4
Crisis intervention 	66.7%	10
Survivor support 	46.7%	7
Depression Screening 	40%	6
Gatekeeper training	0%	0
Primary prevention 	86.7%	13
Public Awareness/Education 	86.7%	13
School based programming 	60%	9
Advocacy 	26.7%	4
Research 	6.7%	1
Surveillance 	20%	3
View Other (please specify) 	6.7%	1
Total Respondents		15

Each of the 15 programs are involved in collaboration around the issue of suicide prevention; 10 collaborate with more than one agency or organization. (Table 9)

Table 9: Collaboration Efforts

		Response Percent	Response Total
Does not collaborate		6.7%	1
Public Health		0%	0
Police/Law Enforcement		6.7%	1
Mental Health		20%	3
Other groups or agencies (list up to 5)		66.7%	10
Total Respondents			15

Among those involved in collaboration, all but one indicated interest in further collaboration. The most common need of suicide prevention programs is for assistance with public relations; the most common resource available from those programs is educational material. (Table 10)

Table 10: Suicide Prevention Program Needs & Resources











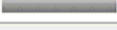
58. If yes to question 57, mark needs:			
		Response Percent	Response Total
Educational resources		50%	7
Crisis services		50%	7
Data collection		50%	7
Data analysis		21.4%	3
Finacial development		42.9%	6
Public Relations		57.1%	8
Advocacy		28.6%	4
Training		42.9%	6
View Other (please specify)		7.1%	1
Total Respondents			14

Table 10: continued

59. If yes to question 57, mark resources you could provide:		
	Response Percent	Response Total
Educational resources 	92.9%	13
Crisis services 	50%	7
Data collection 	21.4%	3
Data analysis 	14.3%	2
Finacial development	0%	0
Public Relations 	7.1%	1
Advocacy 	21.4%	3
Training 	50%	7
View Other (please specify) 	21.4%	3
Total Respondents		14

To summarize, most organizations and programs are state-funded public not-for-profit or county agencies actively working to raise public awareness about suicide and suicide prevention through education. Nearly all of the suicide prevention programs/agencies/ organizations are interested in initiating or furthering collaborative efforts.

Michigan Suicide Prevention



Organizations

Organization Name: A New Day, Inc.

Geographic Service Area: National

Primary Function: Childhood trauma prevention

Primary Suicide Prevention-Related Activities:

Primary prevention

Public awareness/education

Advocacy

Description: A New Day, Inc. is a new nonprofit chartered in the past year; however, it has assumed responsibility for the programs of a former nonprofit (IMPEL Individual/Family Growth, Inc.), which was in operation for 12 years and served over 2,000 people of all ages. The current focus of the organization is to identify all types of trauma to children that, if not identified and properly treated, might result in clinical depression, PTSD, or suicide. Several full-time and volunteer employees staff the organization. Currently, A New Day Inc. collaborates with mental health agencies and client organizations; however, they are interested in further collaboration. The organization needs assistance with additional data collection, data analysis, and financial development but can provide educational resources, some data collection, and assistance with public relations, advocacy, and training.

Contact Person: Roberta Sprague

Title: Executive Director

Phone: 269-965-3702

Fax: 269-965-3745

Email: rsprague@anewdayforall.org

Address: 311 N. 30th St., Springfield, MI 49015

Organization Name: Alcona County Sheriff Department

Geographic Service Area: Alcona County

Primary Function: Law Enforcement

Primary Suicide Prevention-Related Activities:

Crisis intervention

Survivor support

School-based programming

Description: The Alcona County Sheriff Department has been in operation for over 15 years, providing/referring individuals of all ages to suicide prevention services. The department collaborates with mental health agencies, community groups, and schools around the issue of suicide prevention and is interested in further collaboration. The Department needs educational resources, financial development assistance, and training.

Contact Person: Douglas W. Ellinger

Title: Sheriff

Phone: 989-724-6271

Fax: 989-724-6181

Email: ellinger@alcona-county.net

Address: 214 W. Main St., Harrisville, MI 48740

Organization Name:

Alpena/Presque Isle Department of Human Services

Geographic Service Area: Alpena/Presque Isle Counties

Primary Function: County Human Services Office, providing adult and children's suicide-related services and food stamp assistance to qualified individuals.

Primary Suicide Prevention-Related Activities:

Crisis intervention

Adult and children's services

Description: The Alpena/Presque Isle Dept. of Human Services, a state agency, has provided suicide prevention services for 16 years or more. Both full-time employees and volunteers staff the agency, which provides services primarily to persons aged 25 years or older. The department collaborates with Alpena public schools around the issue of suicide and is interested in further collaboration.

Contact Person: John D. Keller

Title: Services Supervisor

Phone: 989-354-7264

Fax: 989-354-7242

Address: 711 W. Chisholm St., Alpena, MI 49707

Organization Name: American Foundation for Suicide Prevention

Geographic Service Area: National

Primary Function: Research, funding, and education to prevent suicide.

Primary Suicide Prevention-Related Activities:

Research

Education

Training

Public awareness

Description: The American Foundation for Suicide Prevention (AFSP) is the only national not-for-profit organization exclusively dedicated to funding research, developing prevention initiatives, and offering educational programs and conferences for survivors, mental health professionals, physicians, and the public.

Contact Person: Tammi Landry (Metropolitan Detroit/Ann Arbor Chapter)

Phone: 248-669-1898

Email: tlandry@afsp.org

Address: 18206 Adri Circle, Commerce Township, MI 48390

Organization Name: Bay-Arenac Behavioral Health (BABH)

Geographic Service Area: Bay and Arenac counties

Primary Function: To provide mental health services to individuals of all ages.

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Depression screening

Primary prevention

Public awareness/education

Advocacy

Description: The Bay-Arenac Behavioral Health Agency, a public not-for-profit organization, is a chapter of the Michigan Association of Community Mental Health Boards and has been in operation for 16 years or more. The agency provides mental health services to individuals of all ages, specifically adults with severe and persistent mental illness (SPMI), children and adolescents with severe emotional disturbance (SED), and persons with developmental disabilities. The organization is also responsible for providing substance abuse services to persons with Medicaid or no insurance. The Bay-Arenac Behavioral Health Agency is a member of the Michigan Suicide Prevention Coalition and collaborates with police/law enforcement, jail, community collaborative hospitals, and contract providers with whom BABH contracts. The organization is interested in further collaboration and needs educational resources, crisis services, data collection, data analysis, financial development assistance, public relations, advocacy, and training. They can provide educational resources, crisis services, data collection, data analysis, financial development assistance, public relations, advocacy, and training.

Contact Person: Michael Swank, LMSW

Title: Emergency Services Administrator

Phone: 989-895-2300

Fax: 989-895-2390

Email: mswank@babha.org

Address: 201 Mulholland Ave., Bay City, MI 48708

Website www.babha.org

Organization Name: Catholic Social Services of Oakland County

Geographic Service Area: Oakland County

Primary Function: Providing social services to families

Primary Suicide Prevention-Related Activities:

Clinical services

Primary prevention

School-based programming

Description: Catholic Social Services of Oakland County, a private agency in operation for 16 years or more, provides family services to individuals of all ages. Catholic Social Services is interested in collaborating with others to prevent suicide and is in need of educational resources, crisis services, financial development assistance, and training.

Contact Person: Robin Cronin **Title:** Vice President of Programs

Phone: 248-333-3700 ext 3301 **Fax:** 248-333-3718

Email: croninr@cssoc.org

Address: 50 Wayne St., Pontiac, MI 48342

Website: <http://www.cssoc.org/>

Organization Name: Central Michigan University Risk Management

Geographic Service Area: National

Primary Function: Education

Primary Suicide Prevention-Related Activities:

Clinical services
Crisis intervention
Survivor support
Depression screening
Gatekeeper training
Primary prevention
Public awareness/education
Advocacy
Surveillance

Description: CMU Risk Management has been in operation for 16 years or more providing a host of suicide prevention and treatment services. The organization participates in a suicide coalition led by Ross Rapaport, Director of the Counseling Center (989-774-3381), and also collaborates with public health, mental health, and police/law enforcement agencies. This university-based organization also provides suicide services as part of the M.U.S.I.C. (Michigan Universities Self Insurance Corporation) collaboration. CMU Risk Management is interested in further collaboration. They need financial development assistance, and can provide educational resources.

Contact Person: Jan Trionfi

Title: Director of Risk Management & Insurance

Phone: 989-774-3581 **Fax:** 989-774-1303

Address: 103 Smith Hall, Mt. Pleasant, MI 48859

Email: trion1ja@cmich.edu

Website: www.cmich.edu

Organization Name: Child & Family Services of Michigan

Geographic Service Area: State of Michigan

Primary Function: Strengthening Michigan's families by providing quality social service programs that empower individuals with skills to care for themselves and others.

Primary Suicide Prevention-Related Activities:
Social services

Description: Child and Family Services of Michigan, Inc. provides comprehensive social services through nine member agencies across the state. Services are offered to children and families needing assistance in several different areas. Individual, family, and pregnancy counseling is available, as well as domestic violence, substance abuse, juvenile delinquency, foster care, adoption and elderly assistance programs. Child and Family Services of Michigan, Inc., is a private, non-profit, statewide, non-sectarian social service organization.

Contact Person: Sharon Vichcales

Title: Executive Director

Phone: 517-349-6226

Fax: 517-349-0969

Address: 2157 University Park Dr., Okemos, MI 48864

Email: sharon@cfsm.org

Website: <http://www.cfsm.org/stateoffice.htm>

Organization Name:

Child & Family Services of the Upper Peninsula, Inc.

Geographic Service Area: Upper Peninsula

Primary Function: Strengthening Michigan's Upper Peninsula families by providing quality social service programs that empower individuals with skills to care for themselves and others.

Primary Suicide Prevention-Related Activities:

Social services

Description: Child & Family Services of the Upper Peninsula, Inc., provides a range of services throughout the Upper Peninsula to meet the varying needs of children and families in that region. The organization employs a professional social service staff, headed by a full-time executive director. The organization offers services at little or no cost to clients and does not deny services based on a client's inability to pay.

Contact Person: Karen Pentland

Title: SODA Program

Phone: 906-293-0123

Fax: 906-293-3857

Address: 500 W. McMillan Ave., Newberry, MI 49868

Email: PentlandK2@michigan.gov

Website: www.cfsup.org (Upper Peninsula)

Organization Name:

Coalition to Educate about Mental Illness and Suicide (C-EMS)

Geographic Service Area: State of Michigan

Primary Function: Education

Primary Suicide Prevention-Related Activities:

Education

Training

Public awareness

Description: C-EMS, a recently created coalition, works to increase awareness about mental illness and mental health in hopes of reducing both the incidence of suicide and the stigma attached to brain disorders. The coalition provides both teacher training and student assemblies, supplies resources and materials, and provides assistance with advocacy at no cost. C-EMS members include Common Ground Sanctuary, Easter Seals Michigan, Joseph J. Laurencelle Memorial Foundation, Mental Illness Research Association, Mental Illness Needs Discussion Sessions (MINDS), Michigan Suicide Prevention Coalition, Oakland County Community Mental Health Authority, and the National Alliance for Research on Schizophrenia and Depression (NARSAD).

Contact Information: call 1-800-896-6472

Website: *pending*

Organization Name: The Counseling Center

Geographic Service Area: Delta County

Primary Function: Provides support for survivors of suicide

Primary Suicide Prevention-Related Activities:

Survivor support

Education

Public awareness

Description: The Counseling Center provides a suicide support group serving individuals aged 18 or older that meets monthly at Immanuel Lutheran Church, 600 South Lincoln Road in Escanaba, MI. The support group is for anyone who is grieving the loss of a family member or friend who has died from suicide. There is no charge to participate and new members may join at any time. The facilitator for the group is Dr. Rosemary Hakes from The Counseling Center. The group has been in existence for several years and is actively involved in support and education. The group collaborates with schools and mental health agencies around the issue of suicide and is interested in further collaboration. The suicide support group is in need of educational resources, data collection/analysis, and assistance with public relations. The group can provide assistance with advocacy and training.

Contact Person: Rosemary Hakes

Title: Owner

Phone: 906-789-3483

Email: rhakes@chartermi.net

Address: 701 South Lincoln Road, Escanaba, MI 49829

Website: <http://www.artscounseling.com/>

Organization Name: Crawford County Collaborative Body

Geographic Service Area: Crawford County

Primary Function: Human/social service programming needs assessment and service provision for residents within Crawford County.

Primary Suicide Prevention-Related Activities:

Clinical services

Survivor support

Public awareness/education

School-based programming

Description: The Crawford County Community Collaborative is staffed primarily by volunteers and has been providing suicide prevention services to individuals of all ages for 16 years or more. The aim of the collaborative is to raise community awareness about suicide and inform the community of local resources available to address concerns related to the subject. The group collaborates with the Michigan Department of Community Health, hospitals, law enforcement agencies, substance abuse-based agencies, and schools and is interested in further collaboration. The coalition needs educational resources, assistance with public relations, and advocacy, and can provide data collection, data analysis, and training.

Contact Person: Cindy Timmons

Phone: 989-344-9335

Email: cindy.timmons@hotmail.com

Address: Grayling, MI 49738

Title: Coordinator

Fax: 989-344-1815

Organization Name:

Depression Awareness and Suicide Prevention Workgroup

Geographic Service Area: Clinton County

Primary Function: Community-based workgroup that disseminates information, promotes awareness, sponsors educational events, coordinates volunteers and community services dedicated to prevention, and provides assistance with grant writing.

Primary Suicide Prevention-Related Activities:

Primary prevention

Public awareness/education

Advocacy

Description: The Depression Awareness and Suicide Prevention Workgroup, a workgroup serving Clinton County, has worked towards the primary prevention of depression and suicide since Fall 2003. This group collaborates with a variety of public agencies and community partners to develop and refine education resources, crisis services, data collection efforts, and financial assistance and can provide assistance with public relations, advocacy, and training.

Contact Person: Christian McDaniel

Title: Supervisor

Phone: 989-224-5300

Fax: 989-224-2342

Address: 1000 E. Sturgis St., #3, St. Johns, MI 48879

Email: mcdaniec@ceicmh.org

Organization Name:

Dickinson and Iron Counties Child Death Review Team

Geographic Service Area: Dickinson and Iron counties

Primary Function: To review deaths of individuals aged 0-21 years

Primary Suicide Prevention-Related Activities:

Clinical services

Description: Dickinson and Iron Counties Child Death Review Team, a chapter of the Michigan Child Death Review Program, has been in existence for several years. The team is staffed by volunteers that review deaths of persons under the age of 21. The team operates in conjunction with county human service agencies.

Contact Person: Carol Thornton

Title: Registered Nurse

Phone: 906-779-0662

Email: cthorn@up.net

Address: 601 Kramer Drive, Iron Mountain, MI 49801

Organization Name:

Emergency Telephone Service/Suicide Prevention Center

Geographic Service Area: Wayne County

Primary Function: Crisis intervention and suicide prevention.

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Survivor support

Depression screening

Primary prevention

Public awareness/education

Information and referral

Description: The Emergency Telephone Service/Suicide Prevention Center, a non-profit American Association of Suicidology (AAS) accredited crisis line for Wayne County affiliated with the 1-800-273-Talk Line, has been in operation for over 27 years. The Center, staffed by approximately 12–20 full-time employees, provides crisis intervention services to individuals of all ages and is a member of a suicide prevention coalition. The organization collaborates with police, community mental health, community groups, public health, schools, and the private sector around the issue of suicide prevention and is interested in further collaboration. The Emergency Telephone Service/Suicide Prevention Center needs assistance with financial development and public relations, and can provide educational resources, crisis services, data collection, and training.

Contact Person: Michael Mitchell

Title: Counselor

Phone: 313-961-1060

Fax: 313-961-3108

Email: mmitchell@nso-mi.org

Address: 220 Bagley, Detroit, MI 48226

Website: www.Nso-Mi.org

Organization Name:

Eaton Intermediate School District, Professional & Program Services
Department

Geographic Service Area: Clinton, Eaton, Ingham Counties

Primary Function: Promoting health and developmental assets;
preventing risk behaviors.

Primary Suicide Prevention-Related Activities:

Crisis intervention

Primary prevention

School-based programming

Teacher training

Student leadership

Description: Professional and Program Services (PPS) of Eaton Intermediate School District has been in operation for more than 25 years and provides health promotion and risk prevention programming, including crisis and educational suicide prevention training for students and staff. PPS provides professional development for teachers to implement the Michigan Model for Comprehensive School Health Education, which includes lessons on suicide prevention for middle and high school students. Peer leaders and their adult advisors are also trained in crisis response and getting help for youth in crisis. School staff are trained to de-escalate volatile situations. Suicide prevention resources are available through PPS. PPS staff members collaborate with prevention specialists across their Clinton-Eaton-Ingham County service area, as well as across the state, to prevent suicide.

Contact Person: Sara Lurie

Title: Prevention Consultant

Phone: 517-484-2929 x1168

Fax: 517-543-4870

Email: slurie@eaton.k12.mi.us

Address: 1790 E. Packard Hwy., Charlotte, MI 48813

Website: www.eaton.k12.mi.us/~pps/

Organization Name: Genesee County Health Department

Geographic Service Area: Genesee County

Primary Function: Public health agency

Primary Suicide Prevention-Related Activities:

Clinical services

Public awareness/education

Description: The Genesee County Health Department has been in operation for 16+ years providing suicide prevention services to individuals of all ages.

Contact Person: Bobby Pestronk

Title: Health Officer

Phone: 810-257-3812

Fax: 810- 257-3147

Address: 630 S. Saginaw St., Flint, MI 48502

Website: <http://www.gchd.us/>

Organization Name: Gogebic County Medical Examiner

Geographic Service Area: Gogebic County

Primary Function: To provide medical examiner services to Gogebic County

Primary Suicide Prevention-Related Activities:

Public awareness/education

Surveillance

Description: The Gogebic County Medical Examiner works in collaboration with both the local child death review teams and the Range Suicide Prevention Council around the issue of suicide. The agency is interested in further collaboration, is in need of assistance with data analysis, and can provide educational resources and assistance with data collection.

Contact Person: Charles N. Iknayan, M.D.

Title: Medical Examiner

Phone: 906-932-2525 ext 6088

Fax: 906-932-9766

Address: Grandview Hospital, N10581 Grandview Lane
Ironwood, MI 49938

Email: cniknayan@gvhs.org

Organization Name: Gratiot County Community Mental Health

Geographic Service Area: Gratiot County

Primary Function: To provide supportive community mental health services to the most critical populations and provide 24/7 crisis coverage for mental health emergencies in Gratiot County.

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Advocacy

Case management

Supports coordination

Community Education

Description: The Gratiot County Community Mental Health Services Program (the Agency) provides specialty mental health services under contract with the Michigan Department of Community Health. The Agency has provided crisis services to individuals of all ages for 35+ years. The Agency collaborates with local law enforcement agencies especially with regard to suicide prevention. The agency can provide education resources, data collection and analysis, public relations, training, and advocacy.

Contact Person: Dan Alonzi

Title: Director of MI Services

Phone: 989-466-4121

Fax: 989-466-5470

Address: 608 Wright Ave., PO Box 69, Alma, MI 48801

Email: DAlonzi@gccmha.org

Website <http://www.gccmha.org/>

Organization Name: Grief Recovery, Inc.

Geographic Service Area: National

Primary Function: To equip educators and youth caretakers with skills for working with depressed adolescents, developing community-wide prevention efforts, assisting parents, and teaching recognition and assessment skills.

Primary Suicide Prevention-Related Activities:

Crisis intervention

Survivor support

Primary prevention

Public awareness/education

School-based programming

Description: Grief Recovery, Inc. has been in operation for more than 10 years providing support services to individuals of all ages. They are currently placing a major educational emphasis on the importance of youths going to a responsible adult if they are in crisis or have friends who are in crisis, exposing the danger of being sworn to secrecy, eliminating the stigma which surrounds depression, and teaching that depression is a medical condition and not a character flaw. The organization participates in the Yellow Ribbon Suicide Prevention coalition and collaborates with mental health agencies around the issue of suicide prevention. Grief Recovery, Inc. is interested in further collaboration. The organization needs financial development assistance and can provide educational resources, crisis services, data analysis, public relations, and training.

Contact Person: Dave Opalewski

Title: President

Phone: 989- 249-4362

Fax: 989-249-4362

Address: 4622 Still Meadow Dr., Saginaw, MI 48603

Email: griefrecovery@chartermi.net

Organization Name: Gryphon Place

Geographic Service Area: Southwest Michigan (primarily Kalamazoo)

Primary Function: Providing crisis intervention, training, school-based programming, suicide postvention and survivor services, and 2-1-1 referral services.

Primary Suicide Prevention-Related Activities:

Crisis intervention

Survivor support

Gatekeeper training

Primary prevention

Public awareness/education

School-based programming

Description: Gryphon Place, a private chapter of the American Association of Suicidology and member of the Michigan Suicide Prevention Coalition, has provided suicide prevention services to individuals of all ages for 16 years or more. The organization engages in community-based activities including the Gryphon Place Gatekeeper Programs, Gatekeeper Training for Adults, Lethality Assessment Training, and Suicide Awareness and Education. The Gryphon Place also collaborates with mental health, police, and schools, and is interested in further collaboration. The organization needs educational resources and financial development assistance, and can provide educational resources, crisis services, and training.

Contact Person: William Pell

Title: Executive Director

Phone: 269-381-1510

Fax: 269-381-0935

Email: wpell@gryphon.org

Address: 1104 South Westnedge, Kalamazoo, MI 49008

Website: www.gryphon.org

Organization Name: Ionia County Community Mental Health

Geographic Service Area: Ionia County

Primary Function: Mental health services for residents of Ionia County with SPMI, SED, or DD[‡]

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Survivor support

Depression screening

Gatekeeper training

Primary prevention

Public awareness/education

School-based programming

Advocacy

Description: Ionia County Community Mental Health, a contractor with the Michigan Department of Community Health, has been in operation for more than 15 years providing services to individuals of all ages. The agency uses DCH/Mental Health Code Standards for community-based activities, and uses the MAYSI (Massachusetts Youth Screening Instrument) as a screening tool for school-based activities. Ionia County Community Mental Health participates in the Portland suicide coalition and also collaborates with police/law enforcement agencies around the issue of suicide prevention. The agency is interested in further collaboration and needs educational resources, and can provide educational resources, crisis services, and assistance with public relations, advocacy, and training.

Contact Person: David Marshall

Title: Director of Outpatient/Access Services

Phone: 616-527-1790

Fax: 616-527-6593

Email: dmarshall@ioniacmhs.org

Address: 375 Apple Tree Dr., Ionia, MI 48846

[‡] SPMI—severe and persistent mental illness; SED—severe emotional disorder; DD—developmental disability

Organization Name: Ingham County Medical Examiner's Office

Geographic Service Area: Ingham County

Primary Function: To investigate the cause and manner of deaths in Ingham County.

Primary Suicide Prevention-Related Activities:
Death investigations

Description: The Ingham County Medical Examiner's Office, a member of the Michigan Association of Medical Examiners, has been in operation for 16 years or more. The office collaborates with public health, community mental health, law enforcement, the Department of Human Services, and local service providers around the issue of suicide prevention and is interested in further collaboration. The Ingham County Medical Examiner's Office is in need of assistance with suicide investigation and can provide scene investigation.

Contact Person: Dean Sienko, M.D.

Title: Chief Medical Examiner

Phone: 517-887-4318

Fax: 517-887-4310

Email: dsienko@ingham.org

Address: 5303 South Cedar Street, Lansing, MI 48909

Organization Name:

Inter-Tribal Council of Michigan, Health Services Division

Geographic Service Area: State of Michigan

Primary Function: A Consortium of Michigan's Federally-Recognized Tribes

Primary Suicide Prevention-Related Activities:

Health education

Social services

Description: The Health Services Division's preventive health care components consist of environmental health, health education, mental health, behavioral health, nursing, nutrition, and epidemiology. Particular emphasis is placed on providing technical assistance for tribal health and human services systems development, maintenance, and expansion. In the past few years, at the request of the Tribes, the Health Services office has been instrumental in developing quality assurance and health systems evaluation programming at the Tribal level.

Contact Person: Laura Thompson

Title: Behavioral Health Manager

Phone: 906-632-6896 **Fax:** 906-621-1810

Email: laurat@itcmi.org

Address: 2956 Ashmun St., Sault Ste. Marie, MI 49783

Website: www.itcmi.org

Organization Name: Isabella County Sheriff's Office

Geographic Service Area: Isabella County

Primary Function: Law enforcement/investigations

Primary Suicide Prevention-Related Activities:

Investigation

School-based activities

Description: The Isabella County Sheriff's office has engaged in school-based suicide prevention activities by assigning deputies to youth service units that speak to children about suicide. Due to limited funds, the agency is not able to engage in collaborative initiatives at this time; however, they are interested in continuing school-based activities.

Contact Person: Dan Denslow

Title: D/Sgt

Phone: 989-772-5911

Fax: 989-772-9033

Email: ddenslow@isabellacounty.org

Address: 207 Court St., Mt Pleasant, MI 48858

Organization Name: Lenawee Community Mental Health Authority

Geographic Service Area: Lenawee County

Primary Function: Treatment of mental health issues

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Survivor support

Depression screening

Gatekeeper training

Primary prevention

Public awareness/education

Advocacy

Description: The Lenawee Community Mental Health Authority, a public not-for-profit organization, is a member of the Michigan Mental Health Board Association and has been in operation for over 16 years, serving individuals of all ages. The organization collaborates with police and law enforcement agencies around the issue of suicide prevention and is interested in further collaboration. The Lenawee Community Mental Health Authority needs educational resources, data collection, data analysis, financial development assistance, and can provide crisis services, advocacy, and training.

Contact Person: Jackie Johnson

Title: Prevention Coordinator

Phone: 517-263-8905

Fax: 517-265-8237

Address: 1040 S. Winter, Suite 1022, Adrian, MI 49221

Email: jjohnson@lcmha.org

Website: www.lcmha.org

Organization Name:

Livingston County Human Services Collaborative Body

Geographic Service Area: Livingston County

Primary Function: To coordinate services across systems and to fill gaps/needs in services

Description:

The Livingston County Human Services Collaborative Body, a coalition in existence for 16 + years, is primarily involved in collaboration. The coalition is interested in further collaboration and is in need of educational resources, data collection, data analysis, and financial development assistance.

Contact Person: Alissa Parks

Title: Collaborative Community Planner

Phone: 517-546-4126

Fax: 517-546-1300

Email: aparks@cmhliv.org

Address: 2280 E. Grand River, Howell, MI 48843

Organization Name:

The Listening Ear Crisis Intervention Center of East Lansing, Inc.

Geographic Service Area: Mid-Michigan area

Primary Function: Crisis intervention hotline, sexual assault counseling, general mental health hotline, information and referral line

Primary Suicide Prevention-Related Activities:

Crisis intervention

Survivor support

Primary prevention

Public awareness/education

Description: The Listening Ear, staffed by volunteers trained in empathic listening with a focus on suicide prevention, provides services to all age groups and has been in operation for 16 + years. The center collaborates with mental health agencies and is interested in further collaboration. While the Listening Ear is in need of educational resources, data collection, data analysis, financial development assistance, and public relations, it can provide educational resources, crisis services, and training.

Contact Person: Stephen Bon

Title: Center Coordinator

Phone: 517-337-1717

Email: thear@msu.edu

Address: 313 W. Grand River Ave., East Lansing, MI 48823

Website: www.thear.org

Organization Name: LMAS District Health Department

Geographic Service Area: Luce, Mackinac, Alger, and Schoolcraft Counties

Primary Function: To contribute to the present and future health of persons residing, visiting, or working in the counties of Luce, Mackinac, Alger, and Schoolcraft, by direct provision of services; by facilitating the delivery of services provided by others; and by monitoring and regulating activities that may have an impact on the health of these communities

Description: The LMAS District Health Department is a member of both the Yellow Ribbon Suicide Prevention & Alger County Yellow Ribbon Suicide Prevention Coalitions and has engaged for several years in suicide prevention initiatives.

Contact Person: Tooter Barton

Phone: 906-341-4127

Address: Manistique, MI 49854

Email: tbarton@lmasdhd.org

Title: Prevention Specialist

Fax: 906-341-5230

Website www.lmasdhd.org

Organization Name: Macomb County Crisis Center

Geographic Service Area: Macomb County

Primary Function: To provide crisis counseling, information and referrals by telephone 24/7.

Primary Suicide Prevention-Related Activities:

Crisis intervention

Survivor support

Primary prevention

Public awareness/education

School-based programming

Critical Incident Stress Management

Description: The Macomb County Crisis Center is a county agency providing crisis intervention and educational services to individuals of all ages. The center is staffed mostly by volunteers and collaborates with mental health, police, the Macomb Intermediate School District, and is interested in further collaboration. The Macomb County Crisis Center is in need of assistance with data collection and public relations and can provide educational resources, crisis services, and training.

Contact Person: Gary M. Burnett, MA, LPC, LSMW

Title: Program Coordinator

Phone: 586-948-0224

Fax: 586-948-0213

Address: 46360 Gratiot Avenue, Chesterfield, MI 48051

Email: Gary.Burnett@mccmh.net

Organization Name: MARESA

Geographic Service Area: Marquette, Alger, Dickinson, Iron, Delta, Schoolcraft, Menominee Counties

Primary Function: Liaison between the Michigan Department of Education and the Local School Districts

Primary Suicide Prevention-Related Activities:

Crisis intervention

Survivor support

Depression screening

Gatekeeper training

Primary prevention

Public awareness/education

School-based programming

Description: MARESA has been in operation for 16 years or more and provides crisis and education based suicide prevention services. The organization does not currently collaborate with others around the issue of suicide, but is interested in doing so. MARESA is in need of educational resources, crisis services, data collection, data analysis, financial development assistance, and assistance with public relations, advocacy, and training.

Contact Person: Marilyn Kahl

Title: Education Consultant

Phone: 906-226-5127

Fax: 906-226-5141

Address: Marquette, Michigan 49855

Email: mkahl@maresa.k12.mi.us

Organization Name: Mercy Memorial Hospital

Geographic Service Area: Monroe County

Primary Function: Hospital

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Depression screening

Primary prevention

Advocacy

Description: Mercy Memorial Hospital maintains an adult inpatient unit and a child mental health outpatient unit. The hospital, a public not-for-profit organization, is also a member of the Monroe County Suicide Prevention Committee.

Contact person: Larry Csokasy

Title: Mental Health Services Director

Phone: 734-240-1770

Fax: 734-240-1780

Email: larry.csokasy@mercymemorial.org

Address: 700 Stewart Rd., Monroe, MI 48162

Organization Name:

Michigan Association for Suicide Prevention (MASP)

Geographic Service Area: State of Michigan

Primary Function: Awareness and education around suicide and suicide prevention. Also offers workshops and training to survivors, professionals, community groups, and organizations.

Primary Suicide Prevention-Related Activities:

Awareness and education

Survivor support

Annual conferences

Workshops (training, public and community speaking)

Youth suicide prevention

Advocacy

Description: The Michigan Association for Suicide Prevention, a public not-for-profit organization, has been in operation for 20 years or more providing suicide prevention services to individuals of all ages. The association has an informal affiliation with the American Association of Suicidology and also participates in the Michigan Suicide Prevention Coalition. MASP collaborates with the American Foundation for Suicide Prevention (Ann Arbor chapter), Oakland County Community Mental Health, University of Michigan Depression Center, and others around the issue of suicide prevention and is interested in further collaboration. It is in need of educational resources, crisis services, data collection, financial development assistance, public relations, advocacy, and training, and can provide educational resources, crisis services, data collection, financial development assistance, public relations, advocacy, and training.

Contact Person: Larry Lewis

Title: Vice-President

Phone: 734-782-1641

Fax: 734-782-1641

Email: spanmich@comcast.net

Address: 24760 Arsenal Rd., Brownstown, MI 48134

Organization Name: Michigan Psychiatric Society (MPS)

Geographic Service Area: State of Michigan

Primary Function: Primarily supports physicians who practice psychiatry in Michigan through educational programs and advocacy for the profession, for patients, and for the improvement of mental health services in both the private and public sector. MPS also provides public educational materials and a referral service.

Primary Suicide Prevention-Related Activities:

Public awareness/education

Advocacy

Referral to services

Description: The Michigan Psychiatric Society (MPS), a private organization, has been in operation for nearly 100 years, providing suicide prevention services and referrals to members and mental health advocacy groups, educational organizations, and to individuals of all ages. The organization collaborates with mental health agencies and is interested in further collaboration. The MPS is interested in providing assistance with advocacy.

Contact Person: Kathleen Gross

Title: Executive Director

Phone: 517-333-0838

Fax: 517-333-0220

Email: kgross@mpsonline.org

Address: 271 Woodland Pass, Suite 125, East Lansing, MI 48823

Website: www.mpsonline.org

Organization Name: Michigan Psychological Association

Geographic Service Area: State of Michigan

Primary Function: Professional association

Primary Suicide Prevention-Related Activities:

Depression screening

Public awareness/education

Advocacy

Description: The Michigan Psychological Association (MPA) has been involved in suicide prevention initiatives for 16 years or more. The association uses public education materials produced by the American Psychological Association for both school and community-based interventions. The MPA does not currently collaborate with other agencies/organizations/programs, but is interested in doing so. The Association is in need of financial development assistance and can provide educational resources, crisis services, and advocacy. Recently, a sister organization of the MPA, the Michigan Psychological Foundation, has been awarded an NIMH grant to serve as the Michigan NIMH outreach partner. More information can be found at www.mpafoundation.org.

Contact Person: Judith Kovach

Title: Executive Director

Phone: 248-302-6774

Fax: 517-347-1996

Email: mpadpa@msn.com

Address: 2105 University Park Drive, Okemos, MI 48864

Website: www.michpsych.org

Organization Name: Michigan Suicide Prevention Coalition

Geographic Service Area: State of Michigan

Primary Function: This coalition developed the Suicide Prevention Plan for Michigan, which has been accepted by the Michigan Department of Community Health (MDCH). The coalition is now working with MDCH to help implement the plan.

Primary Suicide Prevention-Related Activities:

Advocacy

Policy Implementation

Description: The Michigan Suicide Prevention Coalition is operated by volunteers. The group collaborates with public health, mental health, non-profits, and other groups around the issue of suicide prevention. The coalition is interested in further collaboration and needs educational resources, crisis services, data collection, assistance with financial development, public relations, advocacy, and training, and can provide educational resources, crisis services, data collection, financial development assistance, and assistance with public relations, advocacy, and training.

Contact Person: Larry G. Lewis

Title: Chairperson

Phone: 734-782-1641

Fax: 734-782-1641

Email: spanmich@comcast.net

Address: 24760 Arsenal Rd., Brownstown, MI 48134

Organization Name: Mid-Michigan District Health Department

Geographic Service Area: Mid-Michigan

Primary Function: Health Department

Primary Suicide Prevention-Related Activities:

Clinical services

Primary prevention

Public awareness/education

Advocacy

Surveillance

Description: The Mid-Michigan District Health Department has provided suicide prevention services to individuals of all ages for 16 years or more. The department participates in the Montcalm/Gratiot Child Death Review Team and collaborates with police/law enforcement, mental health, courts, schools, and health care providers around the issue of suicide. The Mid-Michigan District Health Department is interested in further collaboration and is in need of educational resources, crisis services, and training, and can provide assistance with advocacy.

Contact Person: Bonnie Havlicek

Title: Community Health Supervisor

Phone: 989-875-1027

Fax: 989-875-3747

Email: bhavlicek@mmdhd.org

Address: 151 Commerce Drive, Ithaca, MI 48847

Website: www.mmdhd.org

Organization Name: The MINDS Program, Inc.

Geographic Service Area: State of Michigan

Primary Function: Mental health education and suicide prevention program provided in middle and high school health classes.

Primary Suicide Prevention-Related Activities:

Primary prevention

Public awareness/education

School-based programming

Advocacy

Research

Description: The MINDS Program, Inc. is a public not-for-profit agency/organization and has been in operation for several years providing educational services aimed towards destigmatization. The MINDS Program collaborates with the University of Michigan around the issue of suicide prevention and is interested in further collaboration. The agency is in need of educational resources, assistance with financial development and public relations, and can provide educational resources and training.

Contact Person: Heather M. Irish

Title: Founder & CEO

Phone: 248-644-8003

Fax: 248-644-8007

Address: 30233 Southfield Road, Ste. 113, Southfield, MI 48076

Email: hirish@mindsprogram.org

Website www.mindsprogram.org

Organization Name: Monroe Community Mental Health Authority

Geographic Service Area: Monroe County

Primary Function of Organization: Delivery of mental health supports/services to Medicaid and Medicaid-eligible children/adults with serious and persistent mental illness and/or developmental disabilities.

Primary Suicide Prevention-Related Activities:

Primary prevention

Public awareness/education

Description: The Monroe Community Mental Health Authority, a county agency in operation for 16 years or more, serves individuals of all ages as a member of the Monroe County Suicide Prevention Committee. The agency collaborates with the Human Service Collaborative Network of Monroe County and is interested in further collaboration. The Monroe Community Mental Health Authority is in need of assistance with financial development and can provide advocacy.

Contact Person: John M. Kornowski

Title: Dept. Head, Care Coordination

Fax: 734-243-5564

Email: jkornowski@mail.monroecmha.org

Address: 1001 S. Raisinville Rd., Monroe, MI 48161

Organization Name: North Country Community Mental Health

Geographic Service Area: Antrim, Kalkaska, Emmet, Charlevoix, Cheboygan, Otsego Counties

Primary Function: Treatment of severe and persistent chronic mental illness, developmental disabilities

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Survivor support

Depression screening

Public awareness/education

Advocacy

Description: North Country Community Mental Health, a contractor with the Department of Community Health, is staffed by 150 full-time employees and provides suicide services to individuals of all ages. The organization collaborates with mental health agencies around the issue of suicide prevention and is interested in further collaboration.

Contact Person: Carole Merritt-Doherty

Title: Associate Director CC&T

Phone: 231-258-5133 **Fax:** 231-258-2999

Email: cdoherty@norcocmh.org

Address: 509 N. Birch Street, Kalkaska, MI 49646

Website: www.norcocmh.org/

Organization Name:

Northern Michigan University Counseling Services

Geographic Service Area: National**Primary Function:** Higher education**Primary Suicide Prevention-Related Activities:**

School-based programming

Advocacy

Research

Description: The Northern Michigan University (NMU) Counseling and Consultation Services has been in operation for 16 years or more providing suicide prevention services to their students. NMU currently collaborates with police/law enforcement agencies around the issue of suicide prevention and is interested in further collaboration. The counseling center is in need of crisis services and can provide educational resources, advocacy, and training.

Contact Person: Thomas Stanger

Title: Director, Counseling and Consultation Services

Phone: 906-227-2981

Fax: 906-227-1103

Email: tstanger@nmu.edu

Address: Marquette, MI 49855

Website: www.nmu.edu/counselingcenter/

Organization Name: Northpointe Healthcare Services

Geographic Service Area: Dickinson, Iron, & Menominee counties

Primary Function: Local community mental health

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Depression screening

Public awareness/education

Description: Northpointe Healthcare Services, a public not-for-profit organization, has been in operation for over 35 years providing services to individuals of all ages. The organization collaborates with public health and is interested in further collaboration. Northpointe Behavioral Health Services is in need of educational resources, data collection, and assistance with data analysis, public relations, and training, and can provide crisis services and training.

Contact Person: Bill Reid

Title: Prevention Coordinator

Phone: 906-779-0637

Fax: 906-779-0645

Email: breid@nbhs.org

Address: 715 Pyle Dr., Kingsford, MI, 49802

Website: www.nbhs.org

Organization Name:

Oakland County Community Mental Health Authority

Geographic Service Area: Oakland County**Primary Suicide Prevention-Related Activities:**

Clinical services

Crisis intervention

Survivor support

Depression screening

Gatekeeper training

Primary prevention

Public awareness/education

School-based programming

Advocacy

Description: The Oakland County Community Mental Health Authority, a public not-for-profit organization, administers funding to contract with and monitor service providers who serve adults with serious mental illness, children with severe emotional disorders, and adults and children with developmental disabilities. The organization collaborates with mental health providers and is interested in further collaboration; they are in need of educational resources, assistance with financial development, public relations, advocacy, and training, and can provide educational resources, public relations, and training.

Contact Person: Jacqueline Castine

Title: Community Education Specialist

Phone: 248-975-9684

Fax: 248-975-9583

Email: castinej@occmha.org

Address: 2011 Executive Hills Dr., Auburn Hills, MI 48326

Website: <http://www.occmha.org/>

Organization Name: Oakland County Child Death Review Team

Geographic Service Area: Oakland County

Primary Function: To review deaths of persons aged less than 21 years.

Primary Suicide Prevention-Related Activities:
Death reviews

Description: The Oakland Child Death Review (CDR) team investigates deaths in the county with hopes of gaining insight useful for future prevention efforts. The team is a chapter of the statewide CDR program.

Contact Person: Keri Middleditch

Phone: 248-858-8799

Fax: 248-452-2208

Address: Oakland Prosecutor's Office, 1200 North Telegraph,
Courthouse Tower, Pontiac, MI 48341

Organization Name: Ozone House

Geographic Service Area: Washtenaw County

Primary Function: A community-based nonprofit agency that helps young people lead safe, healthy, productive lives through intensive prevention and intervention services.

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Public awareness/education

Advocacy

Life skills training

Description: The Ozone House, a public not-for-profit organization, has been in operation for 36 years providing suicide prevention services to individuals of all ages. The organization, a chapter of the Michigan Network for Youth and Families, provides crisis intervention and ongoing therapeutic and case management/support services to youth between the ages of 10–20 (and their families) who have run away, who are trying to avoid running away, or for youth who are homeless or trying to avoid homelessness. The Ozone House collaborates with public health, police/law enforcement, schools, and mental health, and is interested in further collaboration. The organization can provide educational resources, crisis services, advocacy, and training.

Contact Person: Karyn Boyce

Title: Client Services Director

Phone: 734-662-2265

Fax: 734-662-9724

Email: kboyce@ozonehouse.org

Address: 1705 Washtenaw Ave., Ann Arbor, MI 48104-3548

Website: www.ozonehouse.org

Organization Name: Rogers City Natural Helpers

Geographic Service Area: Presque Isle County

Primary Function: Collaboration between human service agencies and organizations "advocating for the human potential of Presque Isle County residents"

Primary Suicide Prevention-Related Activities:

Primary prevention

Public awareness/education

Advocacy

Promoting collaboration

Description: Rogers City Natural Helpers, a community collaborative, has been providing suicide prevention services for several years to individuals of all ages. The organization is staffed mostly by volunteers and participates in the Presque Isle County Human Services Coordinating Council, also coordinated by Mary Schalk. Rogers City Natural Helpers collaborates with both the Presque Isle County Human Services Coordinating Council and Thunder Bay Community Health Services and is interested in further collaboration. The organization needs educational resources, crisis services, data collection, and training, and can provide educational resources, assistance with public relations, and training.

Contact Person: Mary Schalk

Title: Coordinator

Phone: 989-734-2877

Fax: 989-734-2877

Email: maryschalk@direcway.com

Address: Rogers City High School, 1033 W. Huron Ave.,
Rogers City, MI 49779

Organization Name: Range Suicide Prevention Council

Geographic Service Area: Gogebic and Ontonagon Counties

Primary Function: The Range Suicide Prevention Council works towards the prevention of premature deaths due to suicide across the life span in our communities through coordinated community action.

Primary Suicide Prevention-Related Activities:

Survivor support
Depression screening
Gatekeeper training
Primary prevention
Public awareness/education
School-based programming
Advocacy

Description: The Range Suicide Prevention Council, a chapter of the Suicide Prevention Action Network, has been in operation for more than 10 years providing services to individuals of all ages. The organization is staffed by volunteers and engages in community and school-based activities. Its goals are based on the National Strategy for Suicide Prevention. The council is a formal workgroup of the Community Collaborative and collaborates with the 19 member entities. The Range Suicide Prevention Council is interested in further collaboration and is in need of crisis services and financial development assistance, and can provide educational resources, data collection, data analysis, public relations, advocacy, and training.

Contact Person: Betsy Wesselhoft

Phone: 906-229-6104

Email: wesselb@gccmh.org

Address: 103 W. U.S. 2, Wakefield, MI 49968

Title: HSCB Coordinator

Fax: 906-229-6190

Organization Name: Safe Harbor Children's Advocacy Center

Geographic Service Area: Allegan County

Primary Function: Safe Harbor is committed to preventing child abuse and neglect through identification and the coordination of education, intervention, and advocacy services.

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Depression screening

Primary prevention

Public awareness/education

Advocacy

Description: Safe Harbor Children's Advocacy Center, a public not-for-profit chapter of National Children's Alliance and the Children's Trust Fund, has provided suicide prevention services to individuals of all ages for 16 years or more. The center participates in the Michigan Child Death Review Team and collaborates with public health around the issue of suicide prevention. Safe Harbor Children's Advocacy center is interested in further collaboration and is in need of educational resources, financial development assistance, and advocacy, and can provide crisis services, financial development assistance, advocacy, and training.

Contact Person: Kim M. Ratulowski **Title:** Executive Director

Phone: 269-673-3791

Fax: 269-686-9481

Email: kratulowski_allegancan@yahoo.com

Address: 402 Trowbridge St., Allegan, MI 49010

Organization Name: Shiawassee County Community Mental Health

Geographic Service Area: Shiawassee County

Primary Function: To provide individualized behavioral healthcare services to community members to assist them in improving and maintaining quality of life by reaching their personal goals.

Primary Suicide Prevention-Related Activities:

Emergency services

Support services

Clinical services

Education

Description: Shiawassee County Community Mental Health provides a host of suicide prevention services to county residents to help improve their quality of life.

Contact person: Diana Spring

Title: Emergency Services Staff

Phone: 989-723-0712

Fax: 989-723-0763

Email: dspring@shiacmh.org

Address: 1975 W. Main St., Box 428, Owosso, MI 48867

Or

Contact Person: Craig Hause

Title: Director of Outpatient and Emergency Services, Services to Children and Families

Phone: 989-723-6791

Fax: 989-725-506

Email: chause@shiacmh.org

Address: 1975 W. Main St., Box 428, Owosso, MI 48867

Website: www.shiacmh.org

Organization Name: Starr Commonwealth

Geographic Service Area: Michigan/Ohio

Primary Function: To provide services to children, youth, and their families

Primary Suicide Prevention-Related Activities:

Clinical services

School-based programming

Description: The Starr Commonwealth, a private agency/organization, has provided suicide prevention services for 16 years or more. More than 450 full-time employees and approximately 20 volunteers staff the organization. Starr Commonwealth engages in school-based programming using the Life Space Crisis Intervention, Building Safe, Reclaiming Schools, Response Ability Pathways (RAP), and Healing of Racism curricula. The organization collaborates with mental health and is interested in further collaboration. They are in need of educational resources and training.

Contact Person: Dr. Jim Longhurst

Title: Vice President of Clinical Services/Psychologist

Phone: 517-629-5591

Fax: 517-629-2317

Email: longhurstj@starr.org

Address: 13725 Starr Commonwealth Road, Albion, MI 49224

Website: www.starr.org

Organization Name: Suicide Prevention Action Network of Michigan

Geographic Service Area: State of Michigan

Primary Function: Preventing suicide through public education and awareness, community action and federal, state, and local grassroots advocacy.

Primary Suicide Prevention-Related Activities:

Primary prevention
Public awareness/education
Advocacy
Survivor support
Coordination

Description:

The Suicide Prevention Action Network of Michigan, a subsidiary of the national organization (SPAN USA), is part of the nation's only suicide prevention organization dedicated to leveraging grassroots support among suicide survivors (those who have lost a loved one to suicide) and others to advance public policies that help prevent suicide. The organization was created to raise awareness, build political will, and call for action with regard to creating, advancing, implementing, and evaluating a national strategy to address suicide in our nation. Since the organization was founded, grassroots volunteers and staff have worked in communities, state capitols, and in Washington, DC to advance our public policy response to the problem of suicide in America.

Contact Person: Larry Lewis

Title: Vice President

Phone: 734-782-1641

Fax: 734-782-1641

Email: spanmich@comcast.net

Address: 24760 Arsenal Rd., Brownstown, MI 48134

Website: <http://www.spanusa.org/>

Organization Name: Suicide Prevention Resource Center

Geographic Service Area: National

Primary Function: Providing prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies, and to advance the National Strategy for Suicide Prevention.

Primary Suicide Prevention-Related Activities:

Primary prevention

Public awareness/education

Survivor support

Coordination

Training

Technical assistance

Description:

The Suicide Prevention Resource Center (SPRC) promotes the implementation of the National Strategy for Suicide Prevention and enhances the nation's mental health infrastructure by providing states, government agencies, private organizations, colleges and universities, and suicide survivor and mental health consumer groups with access to the science and experience that can support their efforts to develop programs, implement interventions, and promote policies to prevent suicide.

Contact Person: Katie Wootten

Title: Prevention Specialist

Phone: 617-618-2557

Fax: 617-969-9186

Email: kwootten@edc.org

Address: Suicide Prevention Resource Center, Education Development Center, Inc., 55 Chapel Street, Newton, MA 02458-1060

Website: <http://www.sprc.org/index.asp>

Organization Name: Tahquamenon Area Schools

Geographic Service Area: Luce County

Primary Function: Education

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Primary prevention

Public awareness/education

School-based programming

Description: Tahquamenon Area Schools has been in operation for 16 years or more and collaborates with law enforcement, mental health, public health, the Helen Newberry Joy Hospital, the Diane Peppler Domestic Violence Resource Center, the Department of Human Services, the Prosecuting Attorney's Office, the Family Division of Circuit Court, Probate Court, SODA (Success Oriented Direction & Achievement), and the Michigan State University Cooperative Extension Office around the issue of suicide prevention.

Contact Person: Trudy Peltier

Title: School Social Worker

Phone: 906-293-3226

Email: trudyp@eup.k12.mi.us

Address: 700 Newberry Ave., Newberry, MI 49868

Website: www.eup.k12.mi.us

Organization Name: Triangle Foundation

Geographic Service Area: State of Michigan

Primary Function: Working for freedom from violence, discrimination, and injustice for gay, lesbian, bisexual, and transgender people in Michigan.

Primary Suicide Prevention-Related Activities:

Crisis intervention

Survivor support

Primary prevention

Public awareness/education

School-based programming

Description: The Triangle Foundation has been providing suicide services to individuals of all ages in the state of Michigan for more than 10 years. The organization is a public not-for-profit foundation staffed primarily by volunteers. Currently, the Triangle Foundation does not collaborate with others around the issue of suicide prevention but is interested in doing so. They are in need of educational resources, data analysis, and training, and can provide educational resources, data analysis, public relations, advocacy, and training.

Contact Person: Jeffrey Montgomery

Title: Executive Director

Phone: 313-537-3323, ext 106

Fax: 313-537-3379

Email: jeff@tri.org

Address: 19641 West Seven Mile Road, Detroit, MI 48219

Website: www.tri.org

Organization Name: Tuscola Intermediate School District

Geographic Service Area: Tuscola School District

Primary Function: Ensuring the health and well-being of children, youth, families, and communities

Primary Suicide Prevention-Related Activities:

Public awareness/education

School-based programming

Advocacy

Research

Coordination

Description: The Tuscola Intermediate School District (ISD) has been in operation for over 15 years. Tuscola ISD is currently implementing a Coordinated School Health Program model that utilizes existing structures at the ISD to assess current resources and weaknesses. The ISD will create action steps that systematically and directly address those weaknesses. The organization uses a standard suicide education curriculum, Michigan Model Peer Counseling, and collaborates with public health agencies. Tuscola ISD is interested in further collaboration and is in need of data collection, assistance with data analysis, financial development, and advocacy, and can provide educational resources, data collection, and advocacy.

Contact Person: Robert Miner

Title: Regional Health Education Coordinator/Consultant

Phone: 989-673-2144

Fax: 989-673-5366

Address: 1385 Cleaver Rd., Caro, MI 48723

Email: bminer@tisd.k12.mi.us

Website: www.tisd.k12.mi.us

Organization Name:

Van Buren County Human Services Collaborative Council

Geographic Service Area: Van Buren County

Primary Function: Interagency collaboration, with a prevention emphasis

Primary Suicide Prevention-Related Activities:

Public awareness/education

Description: The Van Buren County Human Services Collaborative Council (VBCHSCC) has been in operation for more than 10 years. Two workgroups of the VBHSCC, the Safe Kids Coalition and the Child Death Review Team, currently provide suicide awareness and prevention services for youth. The VBHSCC and its workgroups collaborate with public health, State Police, community mental health, schools, and the Department of Human Services around the issue of suicide prevention and are interested in further collaboration. The council is in need of educational resources, financial development assistance, and assistance with public relations, advocacy, and training.

Contact Person: Claren Schweitzer

Title: Coordinator

Phone: 269-657-7702

Fax: 269-657-3474

Email: cschweitzer@vbcmh.com

Address: P.O. Box 249, Paw Paw, MI 49079

Organization Name: Woodlands Behavioral Healthcare Network

Geographic Service Area: Cass County

Primary Function: Community mental health provider

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Depression screening

Gatekeeper training

Public awareness/education

Description: The Woodlands Behavioral Healthcare Network, a county agency, has provided suicide prevention services to individuals of all ages for 16 years or more and is operated by 19 full-time employees. The Network currently collaborates with police/law enforcement agencies and is interested in further collaboration. The organization is in need of educational resources, crisis services, data collection, data analysis, and training, and can provide crisis services, public relations, advocacy, and training.

Contact Person: Kathy Boes

Title: Clinical Director

Phone: 269-445-2451

Fax: 269-445-3216

Email: kboes@woodlandsbhn.org

Address: 960 M-60 E., Cassopolis, MI 49031

Website: www.woodlandsbhn.org

Michigan Suicide Prevention



Programs

Program Name: Arbor Hospice & Home Care

Geographic Service Area: Southeastern Michigan

Primary Function: Education and support

Primary Suicide Prevention-Related Activities:

Survivor support

Public awareness/education

Advocacy

Description: Arbor Hospice & Home Care, a public not-for-profit organization providing survivors of suicide support services through *BraveHeart Grief Services*, has been in operation for several years and is staffed primarily by professionals. The organization collaborates with the American Foundation for Suicide Prevention (Detroit/Ann Arbor Chapter), and is interested in further collaboration. Arbor Hospice & Home Care is interested in obtaining the latest educational resources and training.

Program Coordinator: Maryjane Bottonari

Phone: 734-662-5999, ext. 161

Email: mbottonari@arborhospice.org

Address: 2366 Oak Valley Drive, Ann Arbor, MI 48103

Website: <http://www.arborhospice.org/>

Program Name:

Children's Services—Department of Human Services (DHS)

Geographic Service Area: Schoolcraft County

Primary Function: Providing services to children and families

Description: The DHS Children's Services program in Schoolcraft County has been providing suicide prevention services for several years. The program is a member of the Yellow Ribbon Suicide Prevention Program and collaborates with community mental health, schools, health departments, clergy, and students around the issue of suicide prevention. Children's Services is interested in further collaboration. The program is in need of financial development assistance and can provide education educational resources, crisis services, and assistance with public relations.

Contact Person: Steve Latterman

Title: Child Juvenile Specialist

Phone: 906-341-4529

Fax: 906-341-2100

Address: 300 Walnut Street, Manistique, MI 49854

Email: Lattermans@Michigan.gov

Program name: Comprehensive Health Education Foundation (CHEF)

Geographic Service Area: National

Primary Function: To assist the development of healthy communities

Primary Suicide Prevention-Related Activities:

Health education

Description: The Comprehensive Health Education Foundation (CHEF) has been in operation for more than 30 years helping to promote healthy lives through creative partnerships and philanthropy. CHEF has always been interested in collaboration and promises to continue providing resources and connections to help build healthier communities.

Program Coordinator: Cheryl Blair/Steven Dieleman

Phone: 616-365-2269

Fax: 616-364-1489

Address: 2930 Knapp NE, Grand Rapids, MI 49525

Email: cherylblair@kentisd.org

Website: www.Kentisd.org

Program Name:

District Health Department #10 HIV/AIDS Care Program

Geographic Service Area: Lake, Manistee, Mason, Mecosta, Newaygo, and Oceana Counties. Advocacy services only are provided in Wexford County.

Primary Function: Ensuring the health of the communities we serve.

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Public awareness/education

School-based programming

Advocacy

Description: The District Health Department #10 HIV/AIDS Care Program has been in operation for 16 years or more and is operated by both full-time and volunteer employees. The program provides clinical, intervention, and educational services.

Contact Person: Deb Wright

Title: Project Lead

Phone: 231-316-8567

Fax: 231-845-0438

Email: dwright@dhd10.org

Address: 916 Diana, Ludington, MI 49431

Program Name:

Eastern Michigan University (EMU) Counseling Services

Geographic Service Area: EMU enrolled students

Primary Function: Providing psychological counseling to EMU undergraduate and graduate students; providing consultation to faculty; offering screening for depression and alcohol problems in coordination with screening days.

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Depression screening

Primary prevention

Public awareness/education

Description: The EMU Counseling Services Program provides suicide prevention services to students via professional/clinical staff and graduate students completing hours for practicum and doctoral experience. The program would benefit from current, research-based educational resources and ongoing training, data collection/analysis, and can provide educational resources, crisis services, and training relevant to college-age problems.

Program Coordinator: Rosalyn L. Barclay, Ph.D.

Phone: 734-487-1118

Fax: 734-481-0050

Email: rbarclay@emich.edu

Address: 313 Snow Health Center, Eastern Michigan University,
Ypsilanti, MI 48197

Website: <http://www.emich.edu/uhs/counseling.html>

Program Name: Michigan Child Death Review Program

Geographic Service Area: State of Michigan

Primary Function: To gain understanding of how and why children die and to prevent other deaths.

Primary Suicide Prevention-Related Activities:
Surveillance

Description: The Michigan Child Death Review program (Michigan CDR) involves approximately 1200 volunteers and has been in operation for more than 10 years. The program participates in the Michigan Suicide Prevention Coalition and Michigan Child Death State Advisory Team. The Michigan CDR also collaborates with law enforcement, public health, human services, and medical examiners around the issue of suicide prevention and is interested in further collaboration. The Michigan CDR is in need of educational resources, data collection, and assistance with public relations, advocacy, and training, and can provide educational resources, data collection, data analysis, advocacy, and training.

Program Coordinator: Lynda Meade

Phone: 517-324-7330

Fax: 517-324-7365

Email: lmeade@mphi.org

Address: 2438 Woodlake Circle, Okemos, MI 48864

Website: www.keepingkidsalive.org

Program Name:

Michigan Department of Education Coordinated School Health and Safety Programs

Geographic Service Area: State of Michigan

Primary Function: Promoting coordinated school health programs

Primary Suicide Prevention-Related Activities:

Primary prevention
School-based programming
Surveillance

Description: Coordinated School Health and Safety Programs, a member of the Michigan Suicide Prevention Coalition, has been in operation for 16 years or more providing suicide prevention services. For school-based activities, the program relies on the Michigan Model for Comprehensive School Health Education. Coordinated School Health Programs collaborates with both public and mental health agencies around the issue of suicide prevention and is interested in further collaboration. The programs are in need of funding and can provide educational resources, advocacy, and surveillance data.

Program Coordinator: Kyle Guerrant

Phone: 517-241-4284 **Fax:** 517-373-1233

Email: Guerrantk@michigan.gov

Address: PO Box 30008, Lansing, Michigan 48909

Website: www.michigan.gov/mde

Program Name:

Michigan Model for Comprehensive School Health Education

Geographic Service Area: Monroe County & Lenawee County

Primary function: Classroom-based prevention education

Primary Suicide Prevention-Related Activities:

Primary prevention

Public awareness/education

School-based programming

Description: The Michigan Model for Comprehensive School Health Education is a school-based, K-12 health education curriculum program. This program provides teacher training and resources related to school health promotion and disease prevention, with a secondary component addressing suicide prevention. The program coordinator for Monroe and Lenawee Counties is a member of the Michigan School Health Coordinators' Association and the Monroe County Suicide Prevention Task Force. The program collaborates with Gabby's Ladder Grief Counseling, Balanced & Restorative Justice, Suicide Prevention Task Force, and mental health agencies, and is interested in further collaboration. The program is in need of assistance with crisis services, data collection, data analysis, financial development, public relations, advocacy, and training, and can provide educational resources and training.

Program coordinator: Terri Langton

Phone: 734-242-5799, ext. 1335 **Fax:** 734-242-1363

Email: langton@misd.k12.mi.us

Address: 1101 S. Raisinville Rd, Monroe, Michigan 48161

Website: www.misd.k12.mi.us

Program Name: Michigan State University Counseling Center

Geographic Service Area: MSU student body

Primary Function: Counseling And mental health services

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Survivor support

Depression screening

Primary prevention

Public awareness/education

Research

Surveillance

Description: MSU Counseling Center has been providing suicide prevention services to individuals of all ages for 16 years or more. The program collaborates with mental health agencies and is interested in further collaboration. The MSU Counseling Center is in need of crisis services, data collection, and assistance with public relations, and can provide data analysis and training.

Program coordinator: David Novicki, Ph.D.

Phone: 517-351-0117

Fax: 517-353-5582

Email: daven@cc.msu.edu

Address: East Lansing, MI 48823-1113

Website: www.Couns.msu.edu

Program Name: Maternal Infant Health Program

Geographic Service Area: Benzie and Leelanau Counties

Primary Function: To support pregnant and postpartum women and their families.

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Depression screening

Primary prevention

Public awareness/education

Advocacy

Description: The Maternal Infant Health Program, formerly known as Maternal Support Services and Infant Support Services, has been in operation for several years, primarily serving pregnant and post-partum women as well as children under the age of six. The organization focuses on both depression and suicide. For community-based activities, the Maternal Infant Health Program uses the Edinburgh Postnatal Depression scale for depression assessment. The program collaborates with mental health, Third Level Crisis center, the Department of Human Services, police/law enforcement, infant mental health, and is interested in further collaboration. The Maternal Infant Health program needs educational resources and can provide educational resources.

Program Coordinator: Jenifer Murray

Phone: 231-256-0208

Fax: 231-256-0225

Email: jmurray@bldhd.org

Address: Benzonia, MI 49616

Program Name: Oakland University (OU) Counseling Center

Geographic Service Area: OU catchment area

Primary Function: To provide mental health services to the university population and to the wider general community

Primary Suicide Prevention-Related Activities:

Clinical services

Crisis intervention

Survivor support

Depression screening

Primary prevention

Public awareness/education

School-based programming

Description: The OU Counseling Center, a public not-for-profit agency, has been in operation for 16 years or more providing suicide prevention services. The program serves individuals of all ages and collaborates with police/law enforcement agencies around the issue of suicide prevention. OU Counseling Center is interested in further collaboration and is in need of assistance with financial development and public relations, and can provide assistance with financial development and public relations.

Program Coordinator: Dr. Bela Chopp

Phone: 248-370-3465

Address: Oakland University Counseling Center,
Graham Health Center, Rochester, MI 48309

Email: counselingcenter@oakland.edu

Program Name: Prevention and Community Response Services

Geographic Service Area: Washtenaw County

Primary Function: Mental health promotion and crisis response

Primary Suicide Prevention-Related Activities:

Crisis intervention

Primary prevention

Public awareness/education

School-based programming

Description: The Prevention and Community Response Services, a program within the Washtenaw County Public Health Department, has been providing suicide prevention services in Washtenaw County for more than 15 years. Staffed by volunteers and three professional staff, the program collaborates with mental health agencies around the issue of suicide prevention to provide intervention and education services. The program is interested in further collaboration and is need of educational resources, crisis services, data collection, and financial development assistance, and can provide educational resources and crisis services.

Program Coordinator: Michael B. Murphy

Phone: 734-544-6760

Fax: 734-544-6705

Email: murphym@ewashtenaw.org

Address: Public Health Department, 555 Towner, Ypsilanti, MI 48197

Program Name: Saginaw County Child Death Review Team

Geographic Service Area: Saginaw County

Primary Function: Review prevention efforts, services used by each victim before death, assess ongoing prevention efforts

Description: The Child Death Review Team for Saginaw County, a volunteer county agency, reviews child deaths and prevention efforts in Saginaw County. It is part of the Michigan Child Death Review program.

Contact Person: Kristan Outwater or Pat Moore

Phone: 989-583-5418

Email: KOutwater@chs-mi.com

Email: PMoore@chs-mi.com

Address: Covenant Health Care PICU, 1447 N. Harrison, Saginaw, MI 48602

Program Name: Saginaw Survivors of Suicide

Geographic Service Area: Mid-Michigan

Primary Function: Survivor Support

Primary Suicide Prevention-Related Activities:

Support

Education

Public awareness

Description: Saginaw Survivors of Suicide, a non-profit peer-run support group and chapter of the Yellow Ribbon Suicide Prevention Program, offers group support and understanding for those who have lost a loved one to suicide and fosters suicide awareness in the community.

Program Coordinator: Barb Smith

Phone: 989-781-5260

Fax: 989-781-5260

Address: P.O. Box 8024, Saginaw MI 48608-8024

Email: sosbarb@aol.com

Website: www.saginawsurvivorsofsuicide.org

Program Name:

Suicide Depression Prevention for Teens and Pre-teens

Geographic Service Area: Monroe County

Primary Function: Decrease the number of youth suicides through intervention, education, and support. Provide education, support, and healing to families who have experienced the loss of a loved one through suicide.

Primary Suicide Prevention-Related Activities:

Crisis intervention

Survivor support

Primary prevention

Public awareness/education

School-based programming

Description: The Suicide Depression Prevention for Teens and Pre-teens program has been in operation for several years, providing suicide prevention services to youth. Both full-time employees and volunteers staff this public not-for-profit program. They collaborate with Monroe County School Systems, Monroe County Community Mental Health, Mercy Memorial Hospital of Monroe, and other local mental health agencies around the issue of suicide prevention. The program is interested in further collaboration and is in need of educational resources, crisis services, data collection, financial development assistance, advocacy, and training, and can provide educational resources, crisis services, data collection, advocacy, and survivor support for those left behind after a suicide.

Program Coordinator: Jan Baden, Executive Director

Phone: 734-242-8773

Fax: 734-242-8773

Email: jan@gabbysladder.org

Address: 431 E. Elm, Monroe, MI 48162

Program Name: Third Level Crisis Center

Geographic Service Area: Antrim, Kalkaska, Charlevoix, Cheboygan, Emmet, Otsego, Grand Traverse, Leelanau, Wexford, Missaukee, Roscommon, Crawford, Iosco, Ogemaw, Oscoda, Montmorency, Presque Isle, Alpena, and Alcona Counties.

Primary Function: Provides crisis intervention and referral services.

Primary Suicide Prevention-Related Activities:

Crisis intervention

Survivor support

Primary prevention

Public awareness/education

Description: The Third Level Crisis Center is a 24-hour crisis intervention service, in person and by telephone, providing comprehensive information and referral services and access to Community Mental Health emergency services to individuals of all ages. The organization has been in existence for 16 years or more and is a member of the Grand Traverse Community Collaborative work group (Mickie Jannazzo, Chairperson, (231) 922-4802; mjannazzo@thirdlevel.org). The Third Level Crisis Center also collaborates with mental health around the issue of suicide prevention and is interested in further collaboration. The organization is in need of data analysis, assistance with financial development and public relations, and can provide educational resources, crisis services, and training.

Program Coordinator: Mickie Jannazzo

Phone: 231-922-4802 **Fax:** 231-941-5786

Address: 1022 East Front Street, Traverse City, MI 49686

Email: mjannazzo@thirdlevel.org

Website: www.thirdlevel.org

Program Name:

Yellow Ribbon Suicide Prevention Program of Michigan

Primary Function: Suicide awareness/prevention, referral services.

Primary Suicide Prevention-Related Activities:

Crisis intervention

Survivor support

Depression screening

Primary prevention

Public awareness/education

School-based programming

Advocacy

Description: The Michigan Yellow Ribbon Suicide Prevention Program, a state chapter of the national program, collaborates with public health, tribal health, and mental health agencies around the issue of suicide prevention and is interested in further collaboration. The Yellow Ribbon Program is in need of educational resources, crisis services, and assistance with public relations, advocacy, and training, and can provide educational resources, crisis services, and training.

Program Coordinator: Barb Smith

Phone: 989-781-5260

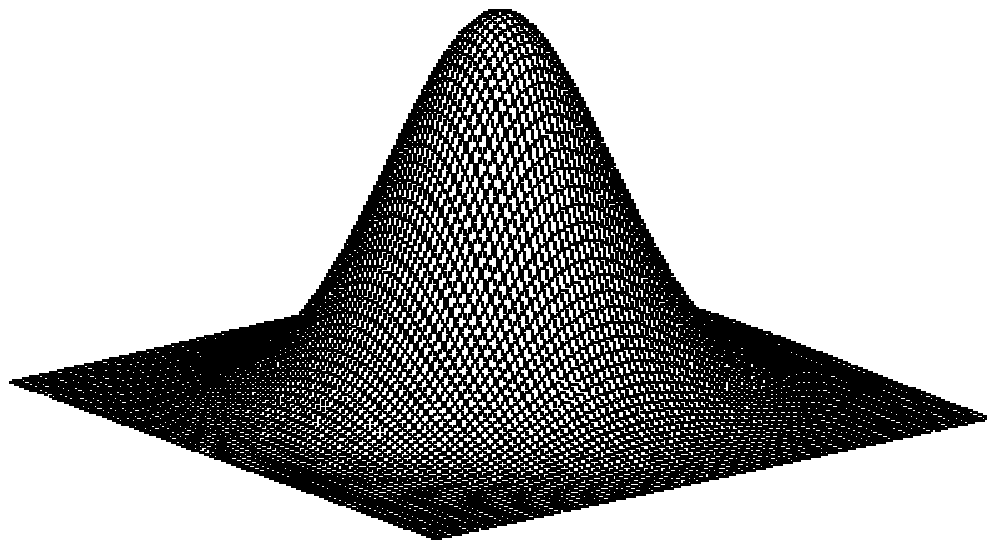
Fax: 989-781-5260

Address: P.O. Box 8024, Saginaw, MI 48608-8024

Email: sosbarb@aol.com

Website: www.saginawsurvivorsofsuicide.org/yellowribbon.htm

Michigan Suicide Data Sources



MICHIGAN CHILD DEATH REVIEW (CDR) PROGRAM

(see sample data in appendix A)

Purpose:

The Michigan Child Death Review (CDR) Program builds and supports multidisciplinary teams to review deaths in all 83 counties. These teams, totaling nearly 1,200 persons, meet regularly to review the circumstances surrounding the death of a child. The purpose of CDR is to use the findings from the reviews to improve agency systems and to take action to prevent other deaths through:

1. The accurate identification and uniform reporting of the cause and manner of every child death;
2. The improvement of communication and linkages between agencies and enhanced coordination of efforts;
3. The improvement of agency responses to child deaths in the investigation and delivery of services;
4. The design and implementation of cooperative, standardized protocols for the investigation of certain categories of child death; and
5. The identification of needed changes in legislation, policy and practices, and expanded efforts in child health and safety to prevent child deaths.

The CDR was created out of joint efforts emanating from the 1995 Governor's Task Force on Children's Justice and included the Michigan Family Independence Agency (currently known as the Department of Human Services), the Michigan Department of Community Health, and the Michigan State Police.

Initial funding was provided to the Michigan Public Health Institute with help from the Children's Justice Act to pilot the CDR in 17 counties. Following some revisions of the process, the [Michigan Child Protection Act, Section 7b \(PA 167 of 1997\)](#) was passed and the CDR

was expanded to all counties. Annual reports on child deaths were mandated to the Child Death State Advisory Committee.

PA 167 states that each county, or two or more counties, will have in place a standing child fatality review team to review each child fatality occurring in the county or counties that established the team. This team is to include all of the following: county medical examiner (ME), a local law enforcement agency representative, a Family Independence Agency (now Department of Human Services) representative, the county prosecuting attorney, and an MDCH or local public health department representative. An annual aggregate state report is published that includes the total number of child fatalities and the type or cause of each, fatalities that occurred while a child was in foster care, and child fatality trends. The information is also broken down by county or groups of counties.

The Michigan CDR is funded by the Michigan Department of Human Services and is maintained by the:

Michigan Public Health Institute
Child & Adolescent Health Program
2438 Woodlake Circle, Suite 240
Okemos, MI 48864

Contact person: Lynda Meade

Telephone: (517) 324-7330

E-mail: Lmeade@mphi.org

Website:

[http://www.keepingkidsalive.org/Main_Pages/About_the_Program/
program_overview_and_history.htm](http://www.keepingkidsalive.org/Main_Pages/About_the_Program/program_overview_and_history.htm)

Data:

Most other states established CDR teams to review only abuse-related deaths; however, Michigan opted for a more inclusive system and authorized reviews of all child deaths deemed preventable. Data have been collected since 1996 and computerized since 1998.

Inclusion Criteria:

It is recommended that all deaths of children age 18 and under be considered for review. However, local teams can focus reviews on specific age groups or on other criteria, based on interest and resources. Several counties now review deaths to persons age 21 and under. The decision may depend on the workload and specific interests of a review team. A review team can also choose to review deaths in all categories. At a minimum, it is suggested that deaths in the following categories be reviewed:

- All medical examiner cases
- Homicides
- Accidents
- **Suicides**
- Undetermined causes
- Sudden or unexpected deaths
- All cases with previous DHS involvement

Child death review teams also review all preventable deaths that occur in their counties and attempt to review deaths to children who are county residents, but die elsewhere.

Variables:

The complete Child Death Review Case Report is available on-line and depicts the complete set of variables collected on each death.

Available variables include (data must be de-identified prior to use):

- Child demographics (age, race, gender)
- Child health/disability information
- History of abuse information
- Parent information
- Primary caregiver information
- Supervision at the time of incident information
- Incident location and context
- Investigation information
- Official manner and primary cause of death information

- Detailed information by type of death
- Acts of omission or commission
- Services rendered to family
- Intervention activities in the community as a result of incident
- Narrative of the incident

Data Availability:

Data request forms must be submitted to the Michigan Child Death Review Board in order to access data. Forms are available at:

http://www.keepingkidsalive.org/Main_Pages/Data_and_Publications/CDR_Data_Collection/CDR_Data_Collection_main_page.htm

MICHIGAN DEATH CERTIFICATE DATA

(see sample data in appendix A)

Purpose:

The Division for Vital Records and Health Statistics (DVRHS) uses death certificate data, along with data related to births, fetal deaths, marriages, divorces, induced abortions, and communicable diseases to develop extensive statistical tabulations. In addition, ad hoc requests for information are fulfilled. The DVRHS also creates sub-files for use by outside researchers.

The death certificate database is a computerized data set containing demographic and cause of death information for all Michigan residents (out-of-state deaths included) and non-Michigan residents dying in Michigan.

MDCH provides mortality trends for Michigan and the United States including age-specific and age-adjusted mortality rates, by race and sex, 1989-2003. Michigan information is available from 1900-2003 by county.

Inclusion:

All deaths of residents within and outside of the state (i.e., Michigan citizens who die while traveling outside the state).

Data:

Section 2843 of Public Act 368 of 1978 requires a funeral director to initiate the gathering of information for the death certificate, the attending physician to complete and sign the medical information within 48 hours of death, and the death record to be filed with the local registrar within 72 hours of death.

A funeral director, or another individual responsible for disposing of the body, completes the demographic and disposition components of the death certificate. When applicable, an attending physician or other hospital medical staff completes the portion of the death certificate describing the death (time, date, place, and immediate/underlying

cause). A county medical examiner completes this section in all unexpected deaths, including fatal injuries.

The death certificate is then sent to the local registrar who verifies that the document has been completed properly. If not, it is returned to the appropriate person for revision. Certificates for Michigan residents dying out-of-state are provided by those states.

Instructional materials on completing the death certificate are available at the state and local level for doctors, hospitals, medical examiners, and funeral directors. Michigan funeral director training also includes an annual seminar on death certificate completion.

Death certificate data have been collected in Michigan since 1897, and has been computerized since the 1960s.

Death certificate data are maintained by the Michigan Department of Community Health, Division for Vital Records and Health Statistics.

Variables:

Mortality data include ICD-10 codes that depict the cause of death and specify the external cause of injury, including mechanism and intentionality.

Availability:

Aggregate data can be obtained from
www.mdch.state.mi.us/pha/osr/index.asp?Id=4

Otherwise, to request mortality data that are not available from this web site, please contact Michael Beebe (phone: 517-335-8715, email: beebem@michigan.gov).

**MICHIGAN EMERGENCY DEPARTMENT
COMMUNITY INJURY INFORMATION NETWORK (MEDCIIN)**
(see sample data in appendix A)

Purpose:

MEDCIIN was a voluntary system that used a statewide sample of 23 hospital emergency departments (EDs) to collect data.

Prior to 1999, Michigan had to rely on death certificates and hospital discharge data for injury information. These sources comprise less than seven percent of injuries and may not be representative of injuries that occur more frequently. Thus, MEDCIIN was used to gain more information about injuries treated in hospital emergency departments.

The surveillance system was an ongoing source of information on injuries seen in emergency departments from 2000-2004. This system provided data used to generate statewide estimates of the types and causes of injuries, injury severity, and demographic characteristics of people seen in emergency departments for traumatic injuries.

Analysis of traumatic brain injuries, occupational injuries, bicycle-related injuries, assault-related injuries, self-inflicted injuries, childhood injuries, and fall-related injuries in the older population are examples of specialized analyses that have been conducted using the MEDCIIN database for specific agencies or community groups.

Loss of federal funding and state dollars forced the elimination of data collection after September 2005, thus no data are available past 2004.

Availability:

To request data contact:

Linda Scarpetta, MPH, Manager
Injury and Violence Prevention Section
Michigan Department of Community Health
P.O. Box 30195, Lansing, MI 48909
Phone: (517) 335-8397 Fax: (517) 335-8269
Email: scarpettal@michigan.gov
Website: <http://www.michigan.gov/injuryprevention>

MICHIGAN INPATIENT DATABASE

(see sample data in appendix A)

Purpose:

The Michigan Inpatient Database is an aggregation of hospitalization data voluntarily provided to the Michigan Health and Hospital Association (MHHA) by virtually every acute care hospital in Michigan. Hospitals in contiguous states (Indiana, Ohio, and Wisconsin) submit data on hospitalized Michigan residents to MHHA.

Data:

Data are collected throughout patients' hospital stays by clinical and administrative staff and filed within a medical record. Hospital medical record personnel enter information from these records. [Some small hospitals complete data collection forms and send these directly to MHHA for processing.]

Depending on the facility, data are submitted monthly, quarterly, or annually to MHHA. Because data formats often differ by hospital, all coding is converted into standard formats at MHHA. Data files are developed on a calendar year basis. Hospitals have access to the dataset through the MHHA.

MDCH has obtained the computerized dataset from the MHHA since 1982. The dataset includes ICD-9-CM codes that provide diagnosis information, and supplementary codes, known as "E codes," specify the external cause of injury. However, there is no E code for suicide or suicide attempt; E codes include only "self-harm." Geographic location is also included in the data.

Availability:

The data are maintained by the Michigan Department of Community Health, Vital Records and Health Data Services Section.

Contact Person: Glen Copeland Email: copelandg@michigan.gov

MICHIGAN MEDICAL EXAMINER DATABASE (MMEDB)

(see sample data in appendix A)

Purpose:

The Michigan Medical Examiner Database Initiative (MMEDB) was a collaborative project administered by the Center for Collaborative Research in Health Outcomes & Policy (CRHOP), a program of the Michigan Public Health Institute (MPHI), and funded by the Michigan Department of Community Health and the Centers for Disease Control and Prevention.

The project used Internet-based software to enhance operations for medical examiner (ME) offices and to provide standardized data for public health surveillance. During the project period, 55 of Michigan's 83 counties contributed to this database.

This system provided data to generate both statewide and regional, estimates of the types and causes of injuries, injury severity, and demographic characteristics of people seen in emergency departments for traumatic injuries. The system was designed to build upon existing data collection methods and technologies in order to keep staff involvement and hospital resources to operate the system to a minimum. Data collection began in the spring of 2000.

Data:

As of July 2004, 6,385 cases from 2002 and 6,137 cases from 2003 were entered in to the MMEDB. These cases represent the counties that actively entered 2002 and/or 2003 cases into the database, provided case information to CRHOP electronically, or provided case forms to be incorporated into the database by CRHOP. The manner of death as determined by the medical examiner is provided in this database by each county medical examiner.

Availability:

Prior to October 2005, a researcher with IRB approval would make a request and would be given a compact disk of the specific data in Access database format. Because funding for the MMEDB was

eliminated, no data are available past October 2005. Archived data can still be run; if you are interested please contact Gerry Polverento, National Coordinator, at GPolvere@mphi.org, (517) 324-7372.

MICHIGAN POISON CONTROL CENTERS (PCC) DATA

(see sample data in appendix A)

Purpose:

Two poison control centers, located in Detroit and Grand Rapids, provide data on services and calls. Calls originating from a Michigan area code are directed to one of these two centers:

- Children's Hospital of Michigan (CHM) Regional Poison Control Center
4160 John R, Suite 616, Detroit, MI 48201
Contact Person: Susan Smolinske, PharmD
Telephone number: (313) 745-5430
E-mail address: ssmolins@dmc.org
- DeVos Regional Poison Control Center
1300 Michigan, NE, Suite 203
Grand Rapids, MI 49503
Contact Person: John H. Trestrail, III
Telephone: (616) 391-9099
Fax: (616) 391-8417
E-mail address: john.trestrail@spectrum-health.org

All calls are tracked electronically and followed through final disposition if possible.

Data:

Every call to the poison center emergency line that is not a wrong number is included in the electronic database called TOXICALL. Specialists in poison information answer the hotline telephones and complete records during the call.

Most calls originate from hospital emergency departments. PCC staff ask questions about reasons for exposure. For suicide attempts, this could include things such as suicide note, history of depression, large number of empty pill bottles found with the patient, recent argument with relative, etc. When the patient comes in with no history, found in coma, the case is usually coded as unknown reason. If the patient wakes up later and a reason turns up, it is changed at that point.

CHM data have been available since 1983, and have been computerized since 1998. DeVos data have been available in a computerized form since 2000.

Availability:

Call the Poison Control Center to obtain PCC data (the number 800-222-1222 will connect to the center nearest the caller). A combined report is submitted annually to MDCH.

The 2005 annual report is available at
<http://www.mitoxic.org/pcc/MPCSStats.pdf>

MICHIGAN STATE NATIONAL COLLEGE HEALTH ASSESSMENT

(see sample data in appendix A)

Purpose:

MSU began participating in the National College Health Assessment survey in 2002 and continues to do so bi-annually. The survey collects information on perceived health status, sexual behaviors and beliefs, alcohol-tobacco-drug behavior and beliefs, injury prevention, disease prevention and screening, victimization, exercise and rest, depression, incidents of disease or injury, stressors, sources and credibility of health information, and background questions.

To measure depression, stress, anxiety, and other markers of emotional well-being, the questionnaire asks respondents to indicate how many times over the last school year they experienced various feelings, each of which represents an increasingly intense emotional difficulty ranging from “felt overwhelmed by all you had to do” to “attempted suicide.”

Data:

Of the MSU student participants in 2004, 6.3% said they had seriously considered attempting suicide at least once; and 0.5% said they had attempted suicide at least once. The survey also collects information on whether or not they had ever received health information from MSU on a variety of health topics. While 15.9% reported receiving information on injury prevention, only 9.8% reported receiving information on suicide prevention. Comparisons to other schools are also available.

Availability:

Aggregate data are available since 2000 at
www.acha.org/projects_programs/ncha_sampledata.cfm

MSU specific data is available at
<http://www.ippsr.msu.edu/NCHA/Results.htm>

To obtain datasets, contact the ACHA Research Director, E. Victor Leino, PhD, at vleino@acha.org, or (410) 859-1500 ext. 239.

MICHIGAN YOUTH RISK BEHAVIOR SURVEY

(see sample data in appendix A)

Purpose:

The Youth Risk Behavior Survey (YRBS) is a biannual survey of high school students conducted by the Centers for Disease Control and Prevention (CDC) to track the incidence and prevalence of major public health risks. Nationally, the YRBS began in 1995; data collection in Michigan started in 1997.

The YRBS results are used by the CDC to monitor how priority health-risk behaviors among high school students (grades 9-12) increase, decrease, or remain the same over time; evaluate the impact of broad national, state, and local efforts to prevent priority health risk behaviors; and monitor progress in achieving three leading health indicators and 15 *Healthy People 2010* national health objectives.

Results are used to help focus programs and policies for comprehensive school health education on the behaviors that contribute most to the leading causes of mortality and morbidity.

Data:

In Michigan, approximately 50 public high schools are randomly selected to participate. Once the school's principal grants permission for participation, all students in the school are given a survey to complete. The school's surveys will be counted only if a predetermined number are completed. Surveys must be considered valid to be included (i.e., not contain what appears to be an invalid response).

Variables:

The YRBS codebook is available at
<http://www.cdc.gov/HealthyYouth/yrbs/data>

Briefly, the survey includes information on:

- Demographics
- Substance use (alcohol, tobacco, illicit drug use)
- Risk taking

- Nutrition and exercise
- Mental health (including suicide)

Suicide and mental health-related survey items include:

- During the past 12 months,
 - did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
 - did you ever seriously consider attempting suicide?
 - did you make a plan about how you would attempt suicide?
 - how many times did you actually attempt suicide?
- If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

Availability:

Reports: <http://www.emc.cmich.edu/YRBS/default.htm>

Michigan data are maintained by the Michigan Department of Education/Division of Adolescent & School Health, Learning Support Unit, Hannah Building, Lansing, MI 48909

Contact Person: Kim Kovalchick

Telephone number: (517) 241-4292

The national YRBS data are intended for public use and are accessible from the CDC website at

<http://www.cdc.gov/HealthyYouth/yrbs/data/index.htm>.

Software Recommendations:

Due to the complex sampling scheme and weighting to account for over-sampling and nonresponse, SUDAAN is recommended for scholarly analysis.

NATIONAL ELECTRONIC INJURY SURVEILLANCE SYSTEM (NEISS)

(see sample data in appendix A)

Purpose:

In 1992, the National Center for Injury Prevention and Control (NCIPC), a unit of the Centers for Disease Control and Prevention (CDC), established an interagency agreement with the U.S. Consumer Product Safety Commission (CPSC) to begin collecting data on nonfatal firearm-related injuries by using the National Electronic Injury Surveillance System (NEISS), the primary data system of CPSC.

This ongoing study is commonly called the "CDC Firearm Injury Surveillance Study". These data provide the basis for national estimates of nonfatal firearm-related injuries and nonfatal BB/pellet gun-related injuries treated in hospital emergency departments in the United States.

Beginning in July 2000, NCIPC, in collaboration with CPSC, expanded NEISS to collect data on all types and causes of injuries treated in a representative sample of hospitals. This system is called the "NEISS All Injury Program (NEISS AIP)". These data provide the basis for national estimates of all types of nonfatal injuries treated in hospital emergency departments in the United States.

Data:

NEISS data are gathered from the emergency departments of 100 hospitals selected as a probability sample of all 5,300+ U.S. hospitals with emergency departments. The system's foundation rests on emergency department surveillance data, but the system also has the flexibility to gather additional data at either the surveillance or the investigation level.

Availability:

<http://www.cpsc.gov/cpscpub/pubs/3002.html>

The Consumer Product Safety Act requires the maintenance of a National Injury Information Clearinghouse "to collect, investigate,

analyze and disseminate injury data and information relating to the causes and prevention of death, injury and illness associated with consumer products..." (CPSA, Section 5(a) (1)).

NEISS surveillance data are available to the public in various computer formats. Certain standard reports may be requested from the National Injury Information Clearinghouse. Custom reports are also available at rates specified in the Freedom of Information Act.

Follow-back investigation data are available as computer printouts, special reports, and hazard analyses.

Each year the Clearinghouse responds to about 6,000 requests for information. Most requests are answered without charge within 10 working days.

Basic data reports can be generated via [WISQARS](#) (see examples in appendix A).

To request injury information, write or call:

National Injury Information Clearinghouse
U.S. Consumer Product Safety Commission
4330 East West Highway, Room 504
Washington, D.C. 20207
Telephone: (301) 504-7921

NATIONAL HOSPITAL DISCHARGE SURVEY

(see sample data in appendix A)

Purpose:

The National Hospital Discharge Survey (NHDS), which has been conducted annually since 1965, is a national probability survey designed to meet the need for information on characteristics of inpatients discharged from non-Federal short-stay hospitals in the United States.

Data:

The NHDS collects data from a sample of approximately 270,000 inpatient records acquired from a national sample of about 500 hospitals. Only hospitals with an average length of stay of fewer than 30 days for all patients, general hospitals, or children's general hospitals are included in the survey.

Federal, military, and Department of Veterans Affairs hospitals, as well as hospital units of institutions (such as prison hospitals), and hospitals with fewer than six beds staffed for patient use, are excluded.

Beginning in 1985, two data collection procedures have been used in the survey. One is a manual system in which sample selection and medical transcription from the hospital records to abstract forms is performed by the hospital's staff or by staff of the U.S. Bureau of the Census on behalf of NCHS.

The other data collection procedure is an automated system in which NCHS purchases machine-readable medical record data from commercial organizations, state data systems, hospitals, or hospital associations.

The medical abstract form and the automated data tapes contain items that relate to the personal characteristics of the patient. These items include age, sex, race, ethnicity, marital status, and expected sources of payment. Administrative items such as admission and discharge dates (which allow calculation of length of stay), as well as discharge status are also included. Medical information about patients includes

diagnoses and procedures coded to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM).

A detailed description of the NHDS is included in "Design and Operation of the National Hospital Discharge Survey: 1988 Redesign," Vital and Health Statistics, Series 1, Number 39.

Data from the NHDS are available annually and are used to examine important topics of interest in public health and for a variety of activities by governmental, scientific, academic, and commercial institutions.

Availability:

National Hospital Discharge Survey data are available in publications, on public-use data tapes, data diskettes, CD-ROMs (available at: <http://www.cdc.gov/nchs/about/major/hdasd/nhdsdes.htm>) and downloadable files from the FTP server at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/NHDS/

WISQARS **(Web-based Injury Statistics Query and Reporting System)** (see sample data in appendix A)

Purpose:

WISQARS provides customized reports of injury-related data, including self-inflicted injuries. Users can search for national and state suicide deaths and death rates, or for non-fatal self-harm injury reports. This database is maintained by the Centers for Disease Control and Prevention (CDC).

Data:

WISQARS presents mortality data in three report formats: injury mortality, leading causes of death, and years of potential life lost (YPLL).

You can request statistics for a specific population based on census region/state of residence, race, sex, and Hispanic origin (e.g., black females in Michigan). In addition, for mortality reports and leading causes of death reports, you can request particular age ranges: five- and ten-year age groups or specific age ranges (such as 13-19). YPLL reports that use ages 65 to 85 (in five year increments) as the cutoff year can be requested.

Race categories are white, black, American Indian/Alaskan Native, Asian and Pacific Islander, and other (which is all non-white and non-black and may include other races not listed here).

Injury mortality reports also can present the statistics ordered by these criteria as well as other parameters. For example, a report may be requested for a mechanism/cause and manner/intent in a specific state by sex and race.

Availability:

To obtain WISQARS data, visit www.cdc.gov/ncipc/wisqars/.

Appendix A:



Sample Data Tables & Figures

Michigan Child Death Review Data

Number and Percent of Michigan Child Deaths by Manner and Cause

Manner and Cause of Death	2002		2003	
	Number	Percent	Number	Percent
Natural	1292	70.9	1325	72.4
Perinatal Conditions	575	44.5	628	47.4
Congenital Anomalies	224	17.3	232	17.5
SIDS	85	6.6	49	3.7
Neoplasms	79	6.1	74	5.6
Nervous System Diseases	71	5.5	75	5.7
Circulatory System Diseases	51	3.9	66	5.0
Respiratory System Diseases	44	3.4	63	4.8
All Other Natural Causes	163	12.6	138	10.4
Accident (Unintentional)	385	21.1	377	20.6
Motor Vehicle	217	11.9	215	11.7
Suffocation or Strangulation	62	3.4	58	3.2
Fire and Burn	34	1.9	41	2.2
Drowning	37	2.0	36	2.0
Firearm and Weapon	4	0.2	2	0.1
All Other Accidents	31	1.7	25	1.4
Homicide	80	4.4	67	3.7
Firearm and Weapon	52	2.9	40	2.2
Child Abuse and Neglect	12	0.7	6	0.3
All Other Homicides	16	0.9	21	1.1
Suicide	50	2.7	47	2.6
Firearm and Weapon	28	1.5	19	1.0
Suffocation or Strangulation	19	1.0	23	1.3
All Other Suicides	3	0.2	5	0.3
Undetermined	16	0.9	15	0.8
Total	1823	100.0	1831	100.0

(Source—2005 CDR Annual Report at:
[http://www.keepingkidsalive.org/Main_Pages/Data_and_Publications/CDR_Publications/5th Annual full report final.pdf](http://www.keepingkidsalive.org/Main_Pages/Data_and_Publications/CDR_Publications/5th_Annual_full_report_final.pdf))

Michigan Child Death Review Data

Number and Percent of Michigan Child Deaths by Manner and Cause

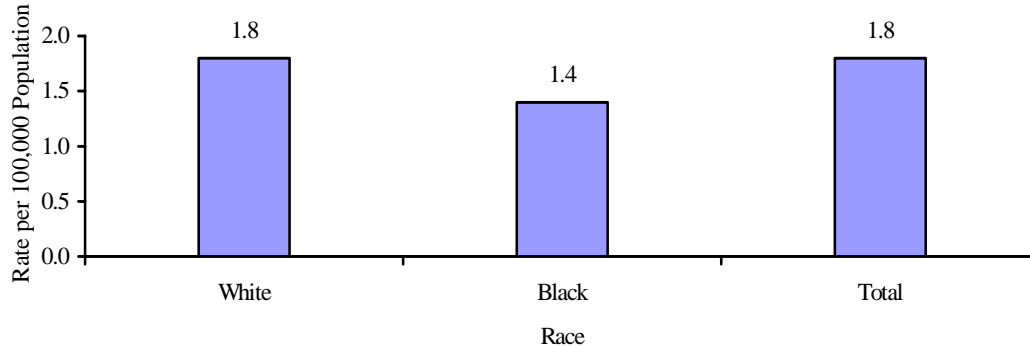
Manner and Cause of Death	2002		2003	
	Number	Percent	Number	Percent
Natural	1292	70.9	1325	72.4
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Suffocation or Strangulation	62	3.4	58	3.2
Fire and Burn	34	1.9	41	2.2
Drowning	37	2.0	36	2.0
Firearm and Weapon	4	0.2	2	0.1
All Other Accidents	31	1.7	25	1.4
Homicide	80	4.4	67	3.7
Firearm and Weapon	52	2.9	40	2.2
Child Abuse and Neglect	12	0.7	6	0.3
All Other Homicides	16	0.9	21	1.1
Suicide	50	2.7	47	2.6
Firearm and Weapon	28	1.5	19	1.0
Suffocation or Strangulation	19	1.0	23	1.3
All Other Suicides	3	0.2	5	0.3
Undetermined	16	0.9	15	0.8
Total	1823	100.0	1831	100.0

Michigan Child Death Review Data

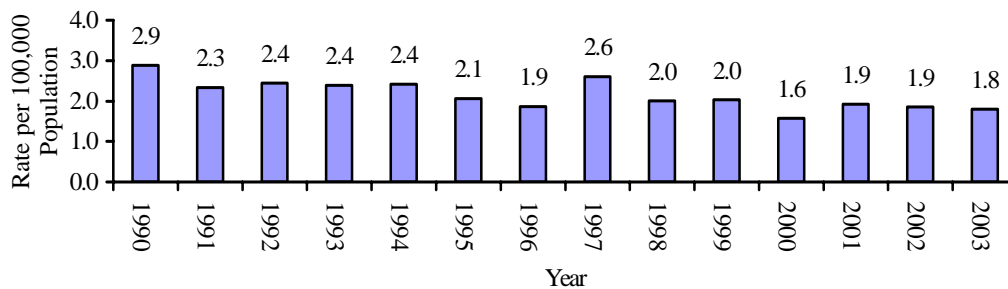
Number and Percent of Michigan Child Suicides by Sex and Age

Sex and Age Group	2002		2003	
	Number	Percent	Number	Percent
Male	41	82.0	39	83.0
Under One Year	0	0.0	0	0.0
1 to 4 Years	0	0.0	0	0.0
5 to 9 Years	0	0.0	0	0.0
10 to 14 Years	9	18.0	8	17.0
15 to 18 Years	32	64.0	31	66.0
Female	9	16.0	8	17.0
Under One Year	0	0.0	0	0.0
1 to 4 Years	0	0.0	0	0.0
5 to 9 Years	0	0.0	0	0.0
10 to 14 Years	3	6.0	3	6.4
15 to 18 Years	6	12.0	5	10.6
Total	50	100.0	47	100.0

Michigan Child Suicide Rates by Race, Ages 0-18, 2003



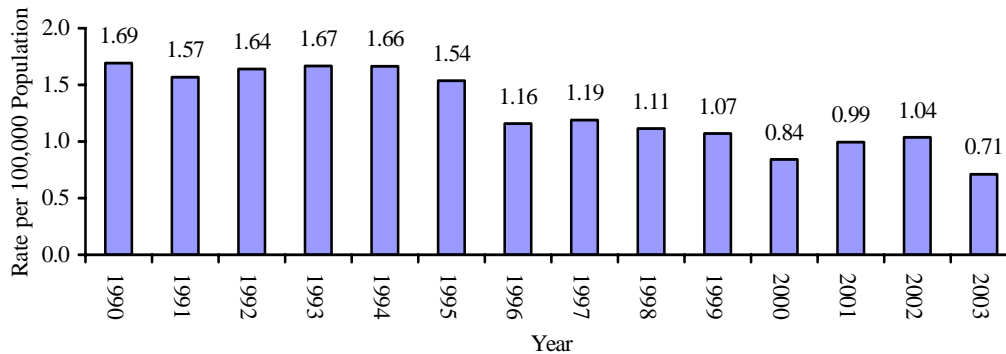
Michigan Child Suicide Rates, Ages 0-18, 1990-2003



Note: The rate of 1.9 in 2002 represents 50 deaths; the 1.8 in 2003 represents 47 deaths.

Michigan Child Death Review Data

Michigan Child Suicide Rates Due to Firearms and Weapons, Ages 0-18, 1990-2003



Note: The rate of 1.04 in 2002 represents 28 deaths; the 0.71 in 2003 represents 19 deaths.

Number and Percent of Michigan Child Suicides Due to Firearms and Other Weapons by Sex and Age

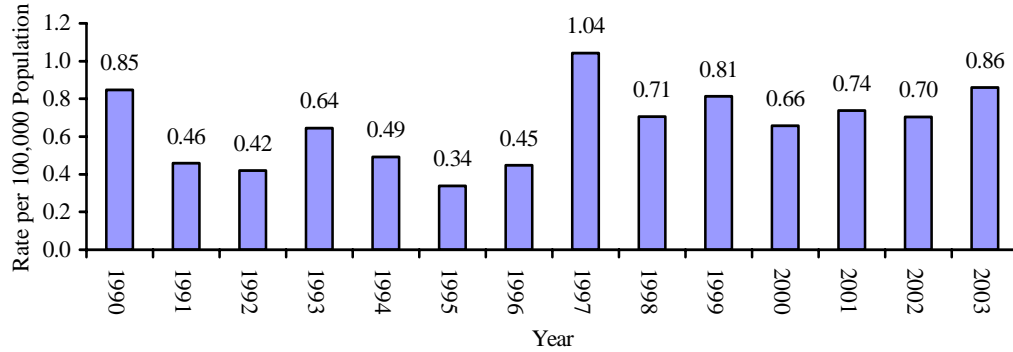
Sex and Age Group		2002		2003	
		Number	Percent	Number	Percent
Male		24	85.7	17	89.5
	10 to 14 Years	4	14.3	2	10.5
	15 to 18 Years	20	71.4	15	78.9
Female		4	14.3	2	10.5
	10 to 14 Years	0	0.0	0	0.0
	15 to 18 Years	4	14.3	2	10.5
Total		28	100.0	19	100.0

Number and Percent of Michigan Child Suicides Due to Suffocation or Strangulation by Sex and Age

Sex and Age Group		2002		2003	
		Number	Percent	Number	Percent
Male		15	78.9	19	82.6
	10 to 14 Years	5	26.3	6	26.1
	15 to 18 Years	10	52.6	13	56.5
Female		4	21.1	4	17.4
	10 to 14 Years	3	15.8	2	8.7
	15 to 18 Years	1	5.3	2	8.7
Total		19	100.0	23	100.0

Michigan Child Death Review Data

Michigan Child Suicide Rates Due to Suffocation or Strangulation, Ages 0-18, 1990-2003



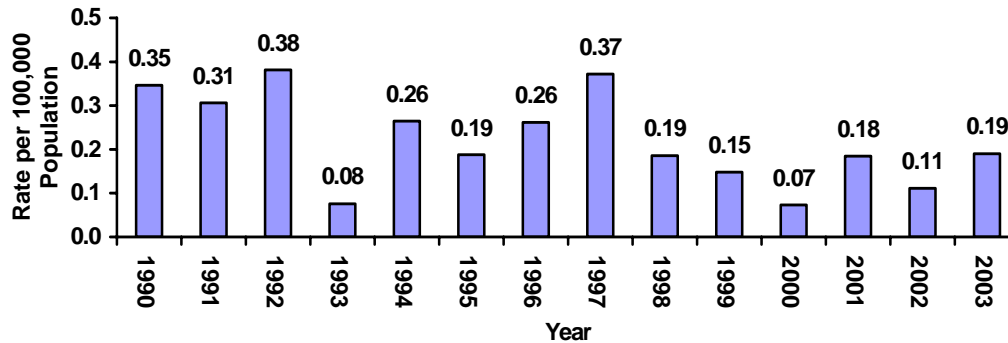
Note: The rate of 0.70 in 2002 represents 19 deaths; the 0.86 in 2003 represents 23 deaths.

Number and Percent of Michigan Child Suicides Due to Suffocation or Strangulation by Race and Sex

Race and Sex Group	2002		2003	
	Number	Percent	Number	Percent
White	18	94.7	17	73.9
Male	14	73.7	14	60.9
Female	4	21.1	3	13.0
Black	1	5.3	5	21.7
Male	1	5.3	4	17.4
Female	0	0.0	1	4.3
Other	0	0.0	1	4.3
Male	0	0.0	1	4.3
Female	0	0.0	0	0.0
Total	19	100.0	23	100.0

Michigan Child Death Review Data

Michigan Child Suicide Rates Due to Other Causes, Ages 0-18, 1990-2003



Note: The rate of 0.11 in 2002 represents 3 deaths; the 0.19 in 2003 represents 5 deaths.

Number and Percent of Child Suicides Reviewed by Sex and Age

Sex and Age Group		2002		2003	
		Number	Percent	Number	Percent
Male		33	84.6	35	76.1
	10 to 14 Years	7	17.9	7	15.2
	15 to 18 Years	26	66.7	27	58.7
	19 Years and Older	0	0.0	1	2.2
Female		6	15.4	11	23.9
	10 to 14 Years	1	2.6	3	6.5
	15 to 18 Years	5	12.8	8	17.4
	19 Years and Older	0	0.0	0	0.0
Total		39	100.0	46	100.0

Number and Percent of Child Suicides Reviewed by Race and Sex

Race and Sex Group		2002		2003	
		Number	Percent	Number	Percent
White		33	84.6	36	78.3
	Male	28	71.8	28	60.9
	Female	5	12.8	8	17.4
Black		1	2.6	6	13.0
	Male	1	2.6	4	8.7
	Female	0	0.0	2	4.3
Other		5	12.8	4	8.7
	Male	4	10.3	3	6.5
	Female	1	2.6	1	2.2
Total		39	100.0	46	100.0

Michigan Child Death Review Data

Number and Percent of Child Suicides Reviewed by Cause of Death

Cause	2002		2003	
	Number	Percent	Number	Percent
Firearm and Weapon	22	56.4	22	47.8
Suffocation or Strangulation	14	35.9	22	47.8
Poisoning	0	0.0	1	2.2
Fall	0	0.0	1	2.2
Motor Vehicle	3	7.7	0	0.0
Total	39	100.0	46	100.0

Number and Percent of Child Suicides by History of Violence*

History of Violence	2002		2003	
	Number	Percent	Number	Percent
Violence in child's home	6	15.4	4	8.7
Violence toward self and others	8	20.5	9	19.6
Violence perpetrated in child's presence	3	7.7	2	4.3
Victim of bullying or violence at school	2	5.1	3	6.5

*Note: The decedent could have had a history of more than one of the above circumstances.

Number and Percent of Child Suicides Reviewed by Circumstances

Circumstance	2002		2003	
	Number	Percent	Number	Percent
Followed a Precipitating Event	21	53.8	32	69.6
Made Prior Verbal Threats	11	28.2	19	41.3
Was Completely Unexpected	19	48.7	13	28.3
Known Mental Health Problems	9	23.1	12	26.1
Receiving Mental Health Treatment	8	20.5	10	21.7
Made Prior Attempts	2	5.1	9	19.6
Part of a Cluster Suicide	0	0.0	3	6.5

Michigan Child Death Review Data

Number and Percent of Child Suicides Reviewed by Precipitating Event

Precipitating Event	2002		2003	
	Number	Percent	Number	Percent
Recent family problems	15	38.5	18	39.1
Problems at school	11	28.2	15	32.6
Problem with girlfriend/boyfriend	7	17.9	8	17.4
Criminal legal problem	7	17.9	8	17.4
Death of friend or family member	2	5.1	6	13.0

Number and Percent of Child Suicides Due to Firearms Reviewed by Type of Weapon

Weapon	2002		2003	
	Number	Percent	Number	Percent
Shotgun	7	31.8	10	45.5
Handgun	11	50.0	6	27.3
Rifle	3	13.6	5	22.7
Unknown Firearm	1	4.5	1	4.5
Total	22	100.0	22	100.0

Number and Percent of Child Suicides Due to Hangings Reviewed by Type of Object

Type of Object	2002		2003	
	Number	Percent	Number	Percent
Rope or String	6	42.9	13	59.1
Dog Leash or Chain	4	21.4	1	4.5
Belt or Tie	3	21.4	3	13.6
Other Clothes	0	0.0	2	9.1
Electrical Cord	1	7.1	2	9.1
Unknown	0	0.0	1	4.5
Total	14	100.0	22	100.0

Michigan Emergency Department Community Injury Information Network (MEDCIIN)

2001 Michigan Resident Visits to Emergency Departments for Intentional Self-inflicted Injuries

Age Group	Estimate	Standard Error
10-14	324	62
15-19	1425	358
20-24	875	291
25-29	457	138
30-34	776	332
35-44	991	320
45-54	582	268
55+	73	19
Total*	5503	1665

*Ages 10 and older

(Deaths and Hospitalizations Excluded)

Aggregated age groups into 55+ because more specific age groups had unstable estimates.

Statewide E-coding rate: 71% (29% of all injury cases had no cause specified)

Source: MEDCIIN

Michigan Inpatient Database

Non-fatal Injury Hospitalizations Self Harm, by Age Group, Michigan Residents, 2003

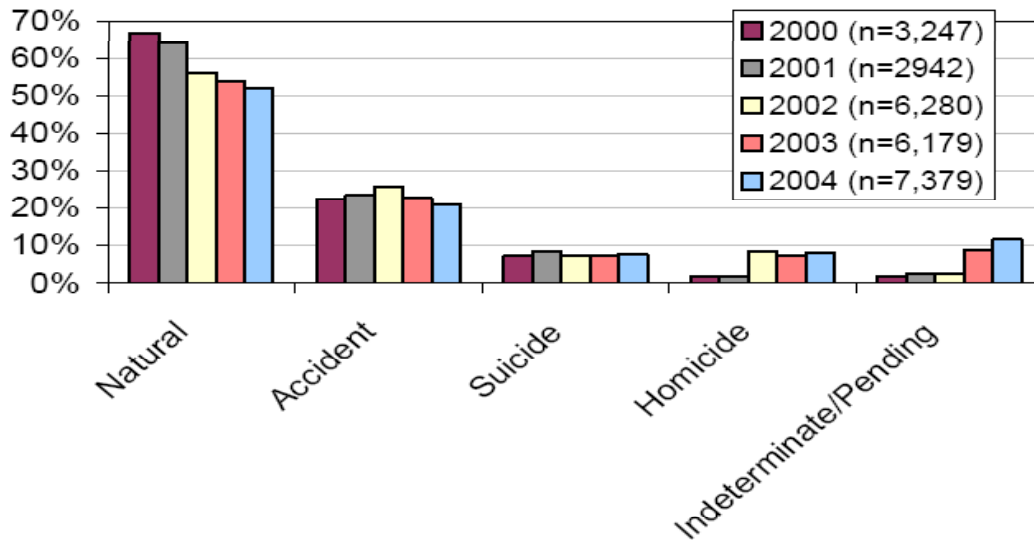
Age-group	Frequency	Percent
10-14	87	2.3
15-19	505	13.1
20-24	422	11.0
25-29	389	10.1
30-34	450	11.7
35-39	477	12.4
40-44	510	13.2
45-49	424	11.0
50-54	262	6.8
55-59	129	3.4
60-64	71	1.8
65-69	43	1.1
70-74	31	0.8
75-79	23	0.6
80-84	11	0.3
85+	14	0.4
Total	3,848	100.0

(10%–15% of the MIDB data did not include external cause of injury codes (E-codes)
and thus did not report self-harm data)

Michigan Medical Examiners Database*

*the cases in the database are not necessarily representative of all ME cases in the state

Medical Examiners' Classification of Manner of Death, 2000-2004



Medical Examiners' Ranking of Manner of Death among Age Groups 2004

Rank	0-15 years	16-25 years	26-40 years	41-65 years	66+ years
1	Accident 47%	Accident 43%	Accident 37%	Natural 68%	Natural 79%
2	Natural 34%	Homicide 31%	Homicide 26%	Accident 19%	Accident 17%
3	Homicide 16%	Suicide 17%	Natural 21%	Suicide 9%	Suicide 3%
4	Suicide 3%	Natural 10%	Suicide 16%	Homicide 5%	Homicide 1%

Source—2005 Final Report at:
<http://www.ccrhop.org/Publications/MedicalExaminer2005AR.pdf>

Michigan Medical Examiners Database*

*the cases in the database are not necessarily representative of all ME cases in the state

Medical Examiners' Manners of Death by Age Group, 2000-2004

Age Group	Year	Natural	Accident	Suicide	Homicide
0-15 years	2000	3%	10%	3%	14%
	2001	4%	9%	1%	14%
	2002	3%	8%	1%	7%
	2003	2%	8%	2%	4%
	2004	2%	6%	1%	5%
16-25 years	2000	1%	17%	15%	19%
	2001	1%	16%	17%	29%
	2002	1%	14%	17%	27%
	2003	1%	13%	12%	28%
	2004	1%	15%	17%	29%
26-40 years	2000	4%	20%	27%	34%
	2001	4%	19%	30%	35%
	2002	8%	20%	29%	42%
	2003	6%	18%	34%	43%
	2004	5%	22%	26%	40%
41-65 years	2000	32%	30%	38%	22%
	2001	35%	31%	37%	18%
	2002	48%	38%	36%	21%
	2003	48%	36%	40%	24%
	2004	49%	34%	44%	22%
66+ years	2000	60%	23%	18%	10%
	2001	56%	25%	15%	4%
	2002	40%	20%	17%	3%
	2003	43%	25%	12%	1%
	2004	42%	23%	12%	3%

Medical Examiners' Race & Ethnicity by Manner of Death 2004

Race	Year	Natural	Accident	Suicide	Homicide
African American	2000	59%	27%	4%	10%
	2001	63%	23%	5%	10%
	2002	53%	24%	3%	20%
	2003	53%	20%	4%	23%
	2004	52%	20%	2%	26%
Hispanic	2000	48%	42%	2%	8%
	2001	49%	40%	5%	6%
	2002	45%	31%	8%	16%
	2003	42%	39%	7%	11%
	2004	32%	40%	8%	19%
White	2000	69%	22%	8%	1%
	2001	66%	24%	9%	1%
	2002	60%	28%	10%	2%
	2003	62%	27%	10%	2%
	2004	62%	25%	11%	2%

Michigan Mortality Data

Age-Adjusted Suicide Death Rates by Race and Sex Michigan and United States Residents, 1980- 2003

Michigan									
Year	All Races			White			Black		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
1980	11.9	19.0	5.6	12.5	19.8	6.0	7.8	13.7	*
1981	12.2	19.4	6.1	12.9	20.1	6.7	7.6	14.2	*
1982	12.6	20.3	6.0	13.4	21.3	6.4	7.4	13.5	*
1983	12.5	20.4	5.6	12.9	20.8	6.1	9.5	18.1	*
1984	13.0	21.0	6.2	13.7	22.0	6.5	8.3	13.6	4.1
1985	12.4	21.7	4.4	12.9	22.3	4.8	9.2	18.0	*
1986	12.5	20.6	5.8	13.0	21.4	6.0	9.5	16.2	4.2
1987	11.9	19.8	5.1	12.4	20.3	5.5	9.1	16.4	3.0
1988	12.0	20.3	4.9	12.5	21.1	5.1	8.5	15.2	*
1989	11.3	20.0	4.0	11.9	20.8	4.2	7.9	14.1	2.9
1990	11.7	20.5	4.3	12.2	21.2	4.5	8.2	14.9	*
1991	12.4	21.9	4.6	12.9	22.5	4.8	9.6	17.8	*
1992	11.4	19.7	4.2	11.9	20.4	4.5	7.9	14.4	*
1993	11.4	20.3	3.7	11.8	20.7	4.0	8.5	16.6	*
1994	10.7	19.1	3.5	11.1	19.6	3.7	8.2	15.5	*
1995	10.1	17.7	3.5	10.3	18.2	3.5	8.1	14.6	2.8
1996	11.5	20.2	3.9	11.8	20.7	4.1	8.5	15.2	2.9
1997	10.3	18.0	3.5	10.9	18.9	3.8	6.2	11.7	*
1998	9.8	17.5	3.2	10.4	18.6	3.3	6.0	10.9	*
Note: The manner in which underlying cause of death is coded and classified was revised in 1999 to reflect changing medical opinion and practice. The comparability between classification schemes for this particular cause of death is high (1.00), meaning that the change should have little or no impact on the comparisons of mortality statistics over time.									
1999	9.8	16.8	3.6	10.3	17.5	3.8	6.9	12.5	*
2000	9.8	16.7	3.7	10.4	17.5	4.0	6.1	11.2	*
2001	10.4	17.6	3.9	11.1	18.7	4.1	6.7	11.6	2.7

2002	10.9	18.5	4.0	11.7	19.7	4.3	6.3	10.8	*
2003	10.0	16.6	3.9	10.8	17.7	4.3	6.4	11.5	*
United States									
Year	All Races			White			Black		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
1980	12.2	19.9	5.7	13.0	20.9	6.1	6.5	11.4	2.4
1981	12.3	19.8	6.0	13.1	20.9	6.4	6.5	11.4	2.5
1982	12.5	20.4	5.8	13.3	21.6	6.2	6.3	11.2	2.3
1983	12.4	20.4	5.5	13.2	21.6	6.0	6.2	11.1	2.2
1984	12.6	20.9	5.6	13.5	22.1	6.0	6.6	11.7	2.3
1985	12.5	21.1	5.2	13.4	22.4	5.7	6.6	11.8	2.3
1986	13.0	21.9	5.5	13.9	23.2	6.0	6.8	12.2	2.4
1987	12.8	21.7	5.3	13.7	23.0	5.7	6.9	12.8	2.1
1988	12.5	21.2	5.1	13.3	22.5	5.5	6.9	12.2	2.5
1989	12.3	21.0	4.9	13.1	22.3	5.2	7.2	13.0	2.5
1990	12.5	21.5	4.8	13.4	22.8	5.2	7.1	12.8	2.4
1991	12.3	21.2	4.7	13.2	22.5	5.1	7.0	13.0	2.0
1992	12.1	20.6	4.7	12.9	21.9	5.0	6.9	12.6	2.1
1993	12.2	20.9	4.6	13.0	22.1	5.0	7.1	13.0	2.2
1994	12.1	20.7	4.5	12.8	21.9	4.8	7.0	12.9	2.1
1995	12.0	20.6	4.4	12.8	21.9	4.7	6.9	12.5	2.1
1996	11.7	20.0	4.3	12.5	21.3	4.7	6.6	11.9	2.0
1997	11.4	19.4	4.4	12.3	20.6	4.8	6.3	11.4	2.0
1998	11.3	19.2	4.3	12.2	20.6	4.7	5.8	10.6	1.8
Note: The manner in which underlying cause of death is coded and classified was revised in 1999 to reflect changing medical opinion and practice. The comparability between classification schemes for this particular cause of death is high (1.00), meaning that the change should have little or no impact on the comparisons of mortality statistics over time.									
1999	10.7	18.2	4.1	11.5	19.4	4.4	5.7	10.4	1.6
2000	10.6	18.1	4.0	11.5	19.4	4.4	5.6	10.2	1.8
2001	10.7	18.2	4.0	11.7	19.6	4.5	5.5	9.8	1.8
2002	10.9	18.4	4.2	12.0	20.0	4.7	5.3	9.8	1.6
2003	---	---	---	---	---	---	---	---	---

Note: Age-adjusted death rates are based on age-specific death rates per 100,000 population in specified group. Age-adjusted death rates are computed by the direct method, using as the standard population the age distribution of the total population of the United States for the year 2000.

*A rate is not calculated when there are fewer than 20 events because the width of the confidence interval would negate any usefulness for comparative purposes.

The underlying cause of death is the condition giving rise to the chain of events leading to death. Between January 1, 1979 and December 31, 1998, the underlying causes of death were classified in accordance with the Ninth Revision of the International Classification of Diseases (ICD-9), a coding structure developed by the [World Health Organization](#). Starting January 1, 1999, causes of death were classified using the Tenth Revision of the International Classification of Diseases (ICD-10). With each revision there are differences in classifying the underlying cause of death. Therefore, health statistics based on one revision are not directly comparable to the other revision without the use of [comparability ratios](#). Before 1999, Suicide deaths were classified with ICD-9 codes E950-E599. Starting in 1999, Suicide deaths were classified using ICD-10 codes *U03, X60-X84, Y87.0 X60-X84, Y87.0.

Prior to rate calculations, death records with race not stated were randomly allocated to the white and black groups based on the proportion of Michigan Resident deaths in each of the racial categories for that year. Records with sex not stated were randomly assigned to male and female (50 percent each). Records with age not stated were allocated to the age group 85 and over.

Source: Vital Records & Health Data Development Section, Michigan Department of Community Health;
Population Estimate (latest update 9/2004), National Center for Health Statistics, [U.S. Census Populations With Bridged Race Categories](#).

Source—<http://www.mdch.state.mi.us/pha/osr/index.asp?Id=4>

Michigan Mortality Data

Leading Causes of Death and Cause-Specific Rates by Age Michigan Residents, 2004

Age	Rank and Cause of Death	Number	Rate
All Ages	1. Diseases of the Heart	24,804	245.3
	2. Cancer	19,654	194.4
	3. Stroke	5,282	52.2
	4. Chronic Lower Respiratory Diseases	4,246	42.0
	5. Accidents (Unintentional Injuries)	3,299	32.6
	All Causes	85,122	841.7
Under 1 Year	1. Certain Conditions Originating in the Perinatal Period	562	436.2
	2. Congenital Malformations	184	142.8
	3. Accidents (Unintentional Injuries)	70	54.3
	4. Sudden Infant Deaths (SIDS)	51	39.6
	5. Pneumonia & Influenza	10	7.8
	All Causes	984	763.8
1-4 Years	1. Accidents (Unintentional Injuries)	36	1.8
	2. Assault (Homicide)	17	0.9
	3. Congenital Malformations	15	0.8
	4. Cancer	11	0.6
	5. Pneumonia & Influenza	7	0.4
	All Causes	136	6.9
5-14 Years	1. Accidents (Unintentional Injuries)	85	5.9
	2. Cancer	31	2.2
	3. Congenital Malformations	22	1.5
	4. Assault (Homicide)	15	1.0
	5. Intentional Self-Harm (Suicide)	11	0.8
	All Causes	244	16.9
15-24 Years	1. Accidents (Unintentional Injuries)	425	32.6
	2. Assault (Homicide)	161	12.3
	3. Intentional Self-Harm (Suicide)	138	10.6
	4. Cancer	59	4.5
	5. Diseases of the Heart	33	2.5
	All Causes	1,070	82.0

25-34 Years	1. Accidents (Unintentional Injuries)	330	21.8
	2. Assault (Homicide)	205	13.5
	3. Intentional Self-Harm (Suicide)	170	11.2
	4. Cancer	146	9.6
	5. Diseases of the Heart	98	6.5
	All Causes	1,361	89.9
35-49 Years	1. Cancer	1,234	82.5
	2. Diseases of the Heart	1,144	76.5
	3. Accidents (Unintentional Injuries)	701	46.9
	4. Intentional Self-Harm (Suicide)	400	26.7
	5. Chronic Liver Disease & Cirrhosis	215	14.4
	All Causes	5,752	384.5
50-64 Years	1. Cancer	4,543	445.4
	2. Diseases of the Heart	3,364	329.8
	3. Diabetes Mellitus	507	49.7
	4. Chronic Lower Respiratory Diseases	498	48.8
	5. Accidents (Unintentional Injuries)	493	48.3
	All Causes	12,986	1,273.1
65 and Over	1. Diseases of the Heart	20,146	1,616.1
	2. Cancer	13,628	1,093.2
	3. Stroke	4,661	373.9
	4. Chronic Lower Respiratory Diseases	3,632	291.4
	5. Diabetes Mellitus	2,264	181.6
	All Causes	62,589	5,020.8

Note: Subtotals by sex and race do not add to the grand total as the race was not stated on records for 22 males and 18 females and sex was not stated for 2 black and 2 unknown race deaths. Age groups do not add to respective totals because records with age not stated are included only in the "All Ages" row. Rates may not agree with those shown elsewhere in this section since records with sex and race not stated were randomly allocated prior to rate calculation for the other tables, and were not included in calculations for this table. Cause-specific rates are per 100,000 population.

Asterisk (*) indicates that data do not meet standards of reliability or precision. Care should be taken drawing inferences from rates based on small numbers of events or small population base. These rates tend to exhibit considerable variation, which may negate their usefulness for comparative purposes.

Source: 2004 Michigan Resident Death File, Vital Records & Health Data Development Section, Michigan Department of Community Health;
Population Estimate (latest update 9/2005), National Center for Health Statistics, [U.S. Census Populations With Bridged Race Categories](#)

Michigan Poison Control Center Data

Poison Control Center Calls for Intentional Self-poisoning By Age of Poisoning Victim, Michigan, 2001

Age Group	DeVos Children's Hospital – Grand Rapids	Children's Hospital Detroit	Total	
	Number	Number	Number	Rate
<6	25 ¹	22 ¹	47 ¹	5.9
6-12	121	137	258	24.7
13-19	1,502	1,769	3,271	322.7
20-29	958	1,266	2,224	171.0
30-39	725	962	1,687	113.5
40-49	544	767	1,311	83.4
50-59	182	258	440	37.4
60-69	52	88	140	19.6
70-79	24	35	59	10.3
80+	10	34	44	13.3
Child ² – Unknown Age	3	7	10	-
Adult ³ – Unknown Age	389	106	495	-
Unknown/Missing	110	107	217	-
Total	4,645	5,558	10,203	102.0

1. These are the figures provided by the poison control centers. However, it is doubtful that a child under age six years can cognitively consume a substance with suicide as the intent.

2. Under age 20 years.

3. Age 20 years and older.

Rates are cases per 100,000 population.

Sources: DeVos Children's Hospital, Grand Rapids and Children's Hospital, Detroit;

TESS Report #32.

U.S. Census Bureau, Population Estimates Branch

(Source—*Unintentional and Suicidal Poisoning in Michigan*, available at
www.michigan.gov/injuryprevention)

Michigan Poison Control Center Data

Poison Control Center Calls for Poisonings Classified as “Suspected Suicide” By Age of Poisoning Victim, Michigan, 2001

Age Group	DeVos Children’s Hospital Grand Rapids	Children’s Hospital Detroit	Total	
	Number	Number	Number	Rate
<6	1 ¹	4 ¹	5 ¹	*
6-12	27	39	66	6.3
13-19	805	1,100	1,905	187.9
20-29	606	873	1,479	113.7
30-39	547	705	1,252	84.3
40-49	411	588	999	63.5
50-59	137	181	318	27.1
60-69	40	48	88	12.3
70-79	16	23	39	6.8
80+	7	20	27	8.2
Child ² – Unknown Age	0	1	1	-
Adult ³ – Unknown Age	204	58	262	-
Unknown/Missing	64	54	118	-
Total	2,865	3,694	6,559	65.5

1. These are the figures provided by the poison control centers. However, it is doubtful that a child under age six years can cognitively consume a substance with suicide as the intent.

2. Under age 20 years.

3. Age 20 years and older.

Rates are cases per 100,000 population.

Sources: DeVos Children’s Hospital, Grand Rapids and Children’s Hospital, Detroit;
TESS Report #32.

U.S. Census Bureau, Population Estimates Branch

Michigan State College Health Assessment Data

How Often Respondents Felt Emotionally Troubled in Various Ways During the Last School Year

Within last school year, how many times have you..	N	% of Respondents					
		Never	1-2	3-4	5-6	7-8	9+
Felt things were hopeless	1323	37.3	28.0	11.4	8.9	3.2	11.1
Felt overwhelmed by all you had to do	1322	6.8	16.1	16.9	16.1	10.9	33.2
Felt exhausted (not from physical activity)	1322	8.3	18.7	16.0	14.8	10.3	32.0
Felt very sad	1319	19.6	35.2	12.1	9.8	6.5	16.8
Felt so depressed that it was difficult to function	1317	58.2	20.0	6.5	4.7	2.4	8.2
Seriously considered attempting suicide	1323	92.1	6.3	0.5	0.4	0.1	0.6
Attempted Suicide	1319	99.3	0.5	0.0	0.0	0.1	0.0

Percent of Respondents Who Ever Received Information from MSU on Various Health Topics

Health Topic	N	% Who Ever Received Prevention Information
Tobacco use	1135	17.6
Alcohol and other drug use	1135	51.9
Sexual assault/relationship violence	1135	46.3
Violence	1135	25.6
Injury prevention and safety	1135	15.9
Suicide	1135	9.8
Pregnancy	1135	26.4
AIDS or HIV	1135	28.7
Sexually transmitted disease	1135	39.2
Dietary behaviors and nutrition	1135	29.3
Physical activity and fitness	1135	24.9
None of the above	1135	26.8

Source—2004 annual report at: <http://www.ippsr.msu.edu/Publications/NCHA2004.pdf>

Michigan Youth Risk Behavior Survey 2005
(Depression & Suicide Behavior)

Item	MI 05	Gender		Race/Ethnicity			
		M	F	Black	White	Hisp	Am Ind
% of students who ever felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months	26*	20	33	23	26	35	32
	26.3#	19.7	32.9	23.3	26.1	35.1	32.2
	23.6-28.9^	17.0-22.3	29.6-36.3	15.1-31.5	23.2-29.1	26.7-43.6	20.0-44.3
% of students who seriously considered attempting suicide during the past 12 months	16	12	20	12	16	20	31
	15.8	12.0	19.6	11.9	15.9	20.0	31.3
	13.4-18.2	9.3-14.7	17.1-22.2	9.2-14.6	13.1-18.7	11.5-28.5	18.1-44.6
% of students who made a plan about how they would attempt suicide during the past 12 months	12	10	14	11	12	16	30
	12.2	10.3	14.1	11.2	11.8	15.8	29.5
	9.9-14.6	7.9-12.8	11.2-17.0	9.3-13.1	8.9-14.7	10.0-21.5	15.7-43.3
% of students who actually attempted suicide one or more times during the past 12 months	9	7	11	9	9	11	15
	9.3	7.3	11.0	9.4	8.9	11.4	14.5
	7.5-11.1	4.8-9.7	9.5-12.5	5.6-13.2	6.8-11.0	5.8-17.1	3.1-25.8
% of students whose attempted suicide resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months	3	3	4	3	3	2	0
	3.3	3.1	3.5	2.5	3.2	1.9	0.4
	2.2-4.4	1.9-4.3	2.0-5.0	0.0-5.0	2.0-4.4	0.0-4.3	0.0-0.8

*Percentage rounded off

#Actual percentage

^Confidence interval

National Electronic Injury Surveillance System

Self-harm All Injury Causes Nonfatal Injuries and Rates per 100,000 2004, United States, All Races, Both Sexes, Ages 10 to 60+, Disposition: Treated and Released

<u>Age Group</u>	<u>Number of Injuries</u>	<u>Population</u>	<u>Crude Rate</u>	<u>Number of Records</u>	<u>Standard Error</u>	<u>CV</u>	<u>Lower 95% CI Limit</u>	<u>Upper 95% CI Limit</u>
10-14	11,986	21,145,157	56.7	263	1,745	14.6%	8,566	15,406
15-19	31,335	20,729,802	151.2	584	3,870	12.4%	23,750	38,920
20-24	21,223	20,971,303	101.2	336	3,246	15.3%	14,860	27,585
25-29	12,808	19,560,905	65.5	202	1,825	14.3%	9,230	16,386
30-34	13,355	20,471,032	65.2	187	1,879	14.1%	9,671	17,039
35-39	9,998	21,052,318	47.5	156	1,411	14.1%	7,232	12,764
40-44	11,467	23,056,334	49.7	172	1,673	14.6%	8,188	14,747
45-49	6,408	22,122,629	29.0	102	1,044	16.3%	4,362	8,454
50-54	4,516	19,496,176	23.2	64	843	18.7%	2,863	6,169
55-59	1,909	16,489,501	11.6	31	407	21.3%	1,111	2,707
60+*	2,327	48,883,408	4.8	29	620	26.7%	1,111	3,543
Total (10+)	127,332	253,978,565	50.1	2,126	14,181	11.1%	99,537	155,127

*Could not break the age group 60+ into smaller age groups without obtaining unstable estimates.

(Source—NEISS All Injury Program, accessed via the National Center for Injury Prevention and Control—<http://webappa.cdc.gov/sasweb/ncipc/nfirates2001.html>)

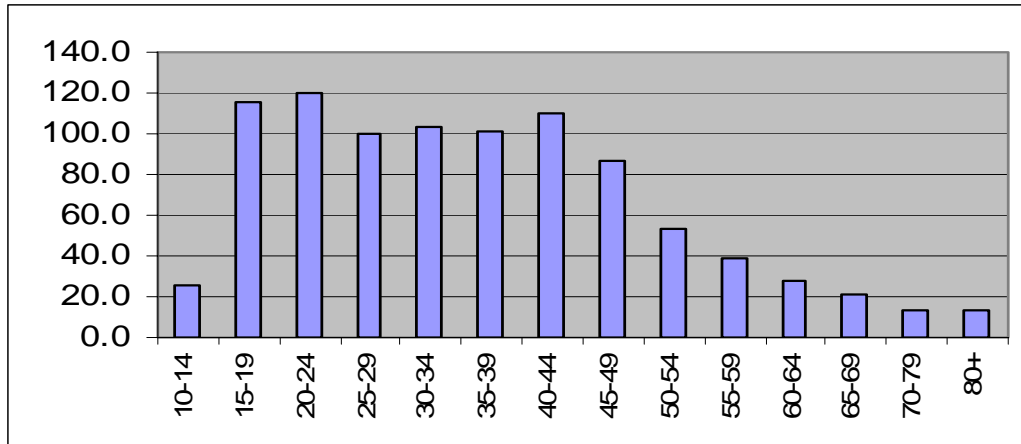
National Electronic Injury Surveillance System

**Self-harm All Injury Causes Nonfatal Injuries and Rates per 100,000
2004, United States, All Races, Both Sexes, Ages 10 to 70+,
Disposition from ED was "hospitalized"**

<u>Age Group</u>	<u>Number of injuries</u>	<u>Population</u>	<u>Crude Rate</u>	<u>Number of Records</u>	<u>Stand. Error</u>	<u>CV</u>	<u>Lower 95% CI Limit</u>	<u>Upper 95% CI Limit</u>
10-14	5,446	21,145,157	25.8	131	1,009	18.5%	3,469	7,422
15-19	23,858	20,729,802	115.1	432	3,536	14.8%	16,928	30,789
20-24	25,206	20,971,303	120.2	342	4,558	18.1%	16,273	34,139
25-29	19,569	19,560,905	100.0	283	3,175	16.2%	13,347	25,792
30-34	21,125	20,471,032	103.2	296	3,124	14.8%	15,002	27,249
35-39	21,374	21,052,318	101.5	303	3,512	16.4%	14,492	28,257
40-44	25,300	23,056,334	109.7	327	3,907	15.4%	17,643	32,958
45-49	19,165	22,122,629	86.6	262	2,629	13.7%	14,013	24,317
50-54	10,451	19,496,176	53.6	154	1,791	17.1%	6,940	13,962
55-59	6,373	16,489,501	38.7	75	1,172	18.4%	4,076	8,671
60-64	3,448	12,589,422	27.4	46	676	19.6%	2,123	4,772
65-69	2,063	9,956,467	20.7	28	582	28.2%	922	3,205
70-79	2,205	15,917,763	13.9	28	653	29.6%	926	3,484
80+	1,349	10,419,756	12.9	20	386	28.6%	592	2,106
Total (10+)	186,934	253,978,565	73.6	2,727	25,894	13.9%	136,182	237,686

National Electronic Injury Surveillance System

Hospital Discharge Rates for Suicide by Age, 2004



10 Leading Causes of Death, Michigan, 2003, All Races, Both Sexes

	Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Short Gestation 227	Unintentional Injury 49	Unintentional Injury 50	Unintentional Injury 67	Unintentional Injury 415	Unintentional Injury 280	Malignant Neoplasms 536	Malignant Neoplasms 1,882	Malignant Neoplasms 3,376	Heart Disease 21,138	Heart Disease 26,010
2	Congenital Anomalies 207	Homicide 13	Malignant Neoplasms 22	Malignant Neoplasms 19	Homicide 170	Suicide 203	Heart Disease 526	Heart Disease 1,534	Heart Disease 2,597	Malignant Neoplasms 13,683	Malignant Neoplasms 19,713
3	Maternal Pregnancy Comp. 92	Congenital Anomalies 11	Heart Disease 6	Suicide 11	Suicide 121	Homicide 198	Unintentional Injury 429	Unintentional Injury 490	Chronic Low. Respiratory Disease 409	Cerebro-vascular 4,760	Cerebro-vascular 5,470
4	Unintentional Injury 64	Influenza & Pneumonia 9	Congenital Anomalies 5	Congenital Anomalies 9	Malignant Neoplasms 58	Heart Disease 131	Suicide 223	Liver Disease 317	Cerebro-vascular 365	Chronic Low. Respiratory Disease 3,879	Chronic Low. Respiratory Disease 4,472
5	Respiratory Distress 50	Perinatal Period 9	Homicide 5	Chronic Low. Respiratory Disease 7	Heart Disease 44	Malignant Neoplasms 127	Liver Disease 123	Cerebro-vascular 219	Diabetes Mellitus 340	Alzheimer's Disease 2,105	Unintentional Injury 3,324
6	SIDS 50	Malignant Neoplasms 7	Influenza & Pneumonia 2	Homicide 7	Congenital Anomalies 23	HIV 30	Homicide 118	Suicide 219	Unintentional Injury 305	Diabetes Mellitus 2,023	Diabetes Mellitus 2,640
7	Circulatory System Disease 32	Acute Bronchitis 3	Six Tied 1	Heart Disease 4	Septicemia 8	Cerebro-vascular 20	Cerebro-vascular 91	Diabetes Mellitus 186	Liver Disease 211	Influenza & Pneumonia 1,678	Alzheimer's Disease 2,133
8	Neonatal Hemorrhage 28	Heart Disease 3	Six Tied 1	Influenza & Pneumonia 3	Cerebro-vascular 7	Congenital Anomalies 19	HIV 87	Chronic Low. Respiratory Disease 121	Nephritis 137	Nephritis 1,419	Influenza & Pneumonia 1,941
9	Intrauterine Hypoxia 27	Chronic Low. Respiratory Disease 2	Six Tied 1	Seven Tied 1	Influenza & Pneumonia 7	Influenza & Pneumonia 18	Diabetes Mellitus 72	HIV 89	Suicide 125	Unintentional Injury 1,175	Nephritis 1,665
10	Placenta Cord Membranes 27	Four Tied 1	Six Tied 1	Seven Tied 1	Four Tied 5	Liver Disease 18	Influenza & Pneumonia 35	Influenza & Pneumonia 88	Influenza & Pneumonia 91	Septicemia 734	Suicide 1,029

WISOARS™

Produced By: Office of Statistics and Programming, National Center for Injury Prevention and Control,
Centers for Disease Control and Prevention
Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System n

WISQARS

Suicide Injury Deaths and Rates per 100,000, Michigan 2003

All Races, Both Sexes, All Ages

ICD-10 Codes: X60-X84, Y87.0,*U03

Number of Deaths	Population	Crude Rate	Age-Adjusted Rate**
1,029	10,079,985	10.21	10.14

Years of Potential Life Lost (YPLL) Before Age 65

Michigan 2003

All Races, Both Sexes

All Deaths

Cause of Death	YPLL	Percent
All Causes	410,945	100.0%
Suicide	23,099	5.6%
All Others	387,846	94.4%

Appendix B:



Survey Methodology

Michigan Suicide Prevention Resource Assessment Methodology

Survey Construction

The Michigan Department of Community Health (MDCH) Injury and Violence Prevention Section formulated a survey in conjunction with the Michigan Public Health Institute (MPHI) to assess current suicide prevention efforts across the state. This was done to better understand the resources available to facilitate implementation of the state suicide prevention plan.

The survey was developed in several phases. First, experts in suicide prevention, public health, and health communication collaboratively constructed an initial draft of the state assessment of suicide prevention efforts. Second, the draft was circulated among staff at both MDCH and MPHI and the survey was revised/edited according to their comments/suggestions. Finally, experts in suicide prevention outside both MDCH and MPHI evaluated the edited draft and revisions were made accordingly.

The electronic survey was placed online using *SurveyMonkey* software (full text of survey is in Appendix D). The survey collected key information from suicide prevention organizations, programs, and agencies including:

- contact information,
- organization/agency/program characteristics,
- curricula or program designs used for community and school-based activities, and
- information on collaborative initiatives.

Survey Dissemination

To reach the key groups working on suicide prevention within the state of Michigan a stakeholder analysis was conducted. Then, an email solicitation for survey participation was sent to organizations/agencies/programs identified in that analysis (Appendix C). Each participant was asked to forward the participation request to others in Michigan working on suicide prevention.

The stakeholder analysis consisted of using Internet search engines to identify suicide prevention initiatives and contact persons. Staff from both MDCH and MPHI, along with other organizations, reviewed the initial

listing of suicide prevention initiatives and made further contributions to the list prior to distributing the request for survey participation.

Data Resource Assessment

Consultation with injury prevention experts at MDCH and Internet search engines were used to locate both Michigan-specific and national suicide data. Data sources for injury surveillance were evaluated for relevance for suicide surveillance purposes. Specifically, injury prevention annual reports distributed by MDCH and affiliated organizations were assessed. Injury prevention reports (available at www.michigan.gov/injuryprevention) included:

- Injury Mortality in Michigan 1999-2001
- Michigan Child Death Review Report 2005
- Michigan Injury Hospitalizations 2002
- Michigan Medical Examiners Report 2005
- Michigan State College Health Assessment Report 2004
- Unintentional and Suicidal Poisoning in Michigan

Second, searches using the following keywords, ‘suicide, data, dataset, public use data, surveillance, and epidemiology,’ were conducted to locate available datasets in conjunction with geographical keywords ‘Michigan’ and ‘National.’

Experts in injury surveillance, primarily Thomas Largo of the MDCH Bureau of Epidemiology, were contacted to identify any remaining data sources.

Appendix C:



Email Solicitation for Participation in the Survey

Dear _____,

As you are likely well aware, suicide is an extremely important threat to public health, particularly in the State of Michigan. From 2001 to 2002 alone, Michigan moved up six spots from 38th to 32nd in the rate of suicides in the population when compared to other states.

This year, the State has formulated a plan to address suicide aimed towards reducing its frequency by 20% over the next five years. (If you would like to view the State Plan please visit www.michigan.gov/injuryprevention)

The first step towards this goal is to assess current suicide prevention efforts within the State so that future efforts may be planned more efficiently.

To facilitate this first step the Michigan Department of Community Health has constructed a brief survey intended to bring together information on suicide prevention efforts within the State of Michigan.

This survey has been targeted towards those working to prevent suicide within the State; however, your assistance in further disseminating the survey to other known stakeholders is crucial. Also, if you work for more than one program please ensure that a survey is completed for each, either by yourself or someone you forward the survey to. The goal is to create a comprehensive suicide resource directory for the State of Michigan intended for public use.

Thus, we are asking that you complete a brief survey about your program/organization's efforts to prevent suicide and ask that you forward this e-mail to any/all programs/organizations also working to prevent suicide in Michigan.

Please click here to complete the survey, and then forward this e-mail to other known stakeholders as soon as possible. For questions regarding the survey please contact Pat Smith (contact information below).

Thank you,

Sincerely, _____

Patricia K. Smith
Violence Prevention Program Coordinator
Injury & violence Prevention Section
Ph: 517-335-9703
Email: smithpatk@michigan.gov

Appendix D:



Survey Instrument

1. Introduction

The following survey is part of an initiative led by the Michigan Department of Community Health in partnership with the Michigan Suicide Prevention Coalition and Michigan Public Health Institute to identify those working towards the prevention of suicide within the State of Michigan in hopes of facilitating further progress. The survey is designed to take roughly 10 minutes of your time. Your responses to these questions are extremely important considering they will provide the basis for understanding suicide prevention activities in Michigan. Only by understanding where we are at as a State in regards to suicide prevention will we learn the best way to improve our prevention efforts. Again, your participation is crucial to the success of this effort. In order to identify as many stakeholders as possible, we are asking you to please let others working towards the prevention of suicide in Michigan know the link

(<http://www.surveymonkey.com/s.asp?u=668951280551>) to this survey.

Also, please notice that for questions with an " * " preceding them, answers are required to progress through the survey. If you have any questions about this survey or the Michigan Suicide Prevention Program, contact Pat Smith, email: smithpatk@michigan.gov or ph: 517-335-9703. Again, thank you for your time.

Commence Survey

Do you work for an organization, or a specific program within an organization that addresses suicide? For instance, within the Michigan Department of Community Health there are programs or sections that deal with suicide more than others, like the injury prevention section.

☐ Organization

☐ Program (selecting this will take you to program questions)

☐ Other (please specify)

ORGANIZATION/OTHER QUESTIONS

Contact Information

Organization Name _____

Contact Person _____ Title _____

Phone _____ Fax _____ Email _____

Address _____

Website _____

Organization Characteristics

Is your organization a chapter of a national organization?

No _____

Yes _____

Is your organization a chapter of a state organization?

No _____

Yes _____

Current Geographic Service Area:

☐ National

☐ Entire State

☐ Region/District: (specify)

☐ County: (specify)

☐ School District: (specify)

☐ City/Town: (specify)

☐ Other/Not Applicable (specify)

☐ [specify here]

How many years has your organization been in existence?

☐ 1-3 ☐ 4-10 ☐ 11-15 ☐ 16+

How many full-time or FTE (Full-time equivalent) employees does your organization have? [provide approximate number] _____

How many volunteers does your organization have? [provide approximate number] _____

Over the past year about how many persons in each age group has your organization served?

	0-10	11-40	41-100	100-500	500+
<10 years	_____	_____	_____	_____	_____
19-24 years	_____	_____	_____	_____	_____
25-55 years	_____	_____	_____	_____	_____
56-69 years	_____	_____	_____	_____	_____
70+ years	_____	_____	_____	_____	_____
Not Applicable	_____	_____	_____	_____	_____

What is the primary function of your organization?

Does your organization participate in a coalition working on suicide prevention?

No ☐ _____

Yes ☐ please provide name and contact information:

Type of Organization:

- ☐ State agency
☐ County agency
☐ Public Not-for-profit agency/organization
☐ Private agency/organization
☐ State Contractor
☐ Coalition
☐ College/University
☐ School
☐ Other (please specify) _____

Organization Funding Sources: (Check all that apply)

- ☐ Federal government
- ☐ State government
- ☐ County government
- ☐ School District
- ☐ Fundraising/Donations
- ☐ Membership Dues
- ☐ Fees for Service
- ☐ Grants
- ☐ No funding
- ☐ Other (please specify)

Primary Suicide Prevention-Related Activities your organization is involved in: (Check all that apply)

- ☐ Clinical services
- ☐ Crisis intervention
- ☐ Survivor support
- ☐ Depression screening
- ☐ Gatekeeper training
- ☐ Primary prevention
- ☐ Public awareness/Education
- ☐ School-based programming
- ☐ Advocacy
- ☐ Research
- ☐ Surveillance
- ☐ Other (please specify)

Are you using standard curriculum or program design for community-based activities?

- ☐ Not applicable
- ☐ No
- ☐ Yes (list name(s)) _____

Are you using standard curriculum or program design for school-based activities?

- ☐ Not applicable
- ☐ No
- ☐ Yes (list name(s)) _____

Does your organization collaborate with others in your community around the issue of suicide prevention? (Check all that apply)

- ☐ Does not collaborate
- ☐ Public Health
- ☐ Police/Law Enforcement
- ☐ Mental Health
- ☐ Other groups or agencies (list up to 5) _____

Would your organization be interested in collaboration, or collaborating more, with others?

☐ Yes

☐ No (if no, why not _____)

☐ If yes, mark needs

☐ If yes, mark resources you could provide

☐ Educational resources

☐ Educational resources

☐ Crisis services

☐ Crisis services

☐ Data collection

☐ Data collection

☐ Data analysis

☐ Data analysis

☐ Financial development

☐ Financial development

☐ Public Relations

☐ Public Relations

☐ Advocacy

☐ Advocacy

☐ Training

☐ Training

☐ Other (please specify) _____

☐ Other (please specify) _____

Before receiving information about this survey, were you aware of the Michigan Suicide Prevention Plan?

☐ No

☐ Yes

Are you interested in learning more about the Plan and possibly considering incorporating the goals into local efforts?

☐ No

☐ Yes

☐ Not applicable

Is your organization willing to have its contact information posted in the Michigan Suicide Prevention Resource Directory?

☐ Yes

☐ No (why not? _____)

Does your organization collect any data that you are willing and able to share?

☐ No

☐ Yes (please list _____)

If yes, what do you use this data for?

Is there anything you would like the Michigan Suicide Prevention Program to know about services, campaigns, or research your organization is currently involved in, or pursuing in the near future?

Is there any other information the Michigan Suicide Prevention Program should know prior to creating the directory of suicide prevention organizations and resources?

Program Questions

Contact Information

Program Name_____

Coordinator_____

Phone_____ Fax_____ Email_____

Address_____

Website_____

Program Characteristics

Is your program a chapter of a national organization?

No_____

Yes_____

Is your program a chapter of a state organization?

No_____

Yes_____

Current Geographic Service Area:

__National

__Entire State

__Region/District: (specify)

__County: (specify)

__School District: (specify)

__City/Town: (specify)

__Other/Not Applicable (specify)

__[specify here]

How many years has your program been in existence?

__1-3 __4-10 __11-15 __16+

How many full-time or FTE (Full-time equivalent) employees does your program have?

[provide approximate number]_____

How many volunteers does your program have? [provide approximate

number]_____

Over the past year about how many persons in each age group has your program served?

	0-10	11-40	41-100	100-500	500+
<10 years	_____	_____	_____	_____	_____
19-24 years	_____	_____	_____	_____	_____
25-55 years	_____	_____	_____	_____	_____
56-69 years	_____	_____	_____	_____	_____
70+ years	_____	_____	_____	_____	_____
Not Applicable	_____	_____	_____	_____	_____

What is the primary function of your program?

Does your program participate in a coalition working on suicide prevention?

No_____

Yes_____ please provide name and contact information:

Type of program:

- ___ State agency
- ___ County agency
- ___ Public Not-for-profit agency/organization
- ___ Private agency/organization
- ___ State Contractor
- ___ Coalition
- ___ College/University
- ___ School
- ___ Other (please specify)_____

Program Funding Sources: (Check all that apply)

- ___ Federal government
- ___ State government
- ___ County government
- ___ School District
- ___ Fundraising/Donations
- ___ Membership Dues
- ___ Fees for Service
- ___ Grants
- ___ No funding
- ___ Other (please specify)

Primary Suicide Prevention-Related Activities your program is involved in: (Check all that apply)

- ☐ Clinical services
- ☐ Crisis intervention
- ☐ Survivor support
- ☐ Depression screening
- ☐ Gatekeeper training
- ☐ Primary prevention
- ☐ Public awareness/education
- ☐ School-based programming
- ☐ Advocacy
- ☐ Research
- ☐ Surveillance
- ☐ Other (please specify)

Are you using standard curriculum or program design for community-based activities?

- ☐ Not applicable
- ☐ No
- ☐ Yes (list name(s)) _____

Are you using standard curriculum or program design for school-based activities?

- ☐ Not applicable
- ☐ No
- ☐ Yes (list name(s)) _____

Does your program collaborate with others in your community around the issue of suicide prevention? (Check all that apply)

- ☐ Does not collaborate
- ☐ Public Health
- ☐ Police/Law Enforcement
- ☐ Mental Health
- ☐ Other groups or agencies (list up to 5) _____

Would your program be interested in collaboration, or collaborating more, with others?

- ☐ Yes
- ☐ No (if no, why not _____)
- | | |
|---|---|
| <input type="checkbox"/> If yes, mark needs | <input type="checkbox"/> If yes, mark resources you could provide |
| <input type="checkbox"/> Educational resources | <input type="checkbox"/> Educational resources |
| <input type="checkbox"/> Crisis services | <input type="checkbox"/> Crisis services |
| <input type="checkbox"/> Data collection | <input type="checkbox"/> Data collection |
| <input type="checkbox"/> Data analysis | <input type="checkbox"/> Data analysis |
| <input type="checkbox"/> Financial development | <input type="checkbox"/> Financial development |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Training | <input type="checkbox"/> Training |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Other (please specify) _____ |

Before receiving information about this survey, were you aware of the Michigan Suicide Prevention Plan?

- ☐ No
☐ Yes

Are you interested in learning more about the Plan and possibly considering incorporating the goals into local efforts?

- ☐ No
☐ Yes
☐ Not applicable

Is your program willing to have its contact information posted in the Michigan Suicide Prevention Resource Directory?

- ☐ Yes
☐ No (why not? _____)

Does your program collect any data that you are willing and able to share?

- ☐ No
☐ Yes (please list _____)

If yes, what do you use this data for?

Is there anything you would like the Michigan Suicide Prevention Program to know about services, campaigns, or research your program is currently involved in, or pursuing in the near future?

Is there any other information the Michigan Suicide Prevention Program should know prior to creating the directory of suicide prevention organizations and resources?

Appendix E:



**Instructions for submitting suicide prevention
organization/program/agency information for
upcoming editions of the
Michigan Suicide Prevention Resource Directory**

To have your program/organization's information listed/updated in upcoming editions of the Michigan Suicide Prevention Resource Directory please either:

- complete an electronic Word document survey (available online at: www.michigan.gov/injuryprevention), save it, and email it to Steven Korzeniewski at KorzeniewskiS@michigan.gov or,
- complete the hard copy survey provided in Appendix D and send/fax it to:

Steven Korzeniewski
Injury & Violence Prevention Section
Michigan Department of Community Health
P.O. Box 30195
Lansing, MI 48909
Fax: (517) 335-8269

Thank you for your participation,

Sincerely,

Steven Korzeniewski